

Referring Company/Brokerage Name _____

Referring Agent _____

Company Phone _____ Agent Cell _____ Direct _____

Company Fax _____ Agent Fax _____

Company/Brokerage Address _____

Referring %: For **Buyer Side** _____% of CO-OP, for **List Side** _____% of total commission –co-op.

Client Name(s) _____

Client Address _____

Client Phone Numbers (H) _____ (W) _____

Cell/other _____

Receiving Company/Brokerage Name _____

Receiving Agent _____

Company Phone _____ Agent Cell _____ Direct _____

Company Fax _____ Agent Fax _____

Company/Brokerage Address _____

X _____

Referring Broker Date

X _____

Receiving Broker Date

X _____

Referring Agent Date

X _____

Receiving Agent Date

(Note; this agreement is not valid or binding unless signed by all brokers & agents)