

## Real Estate Referral Agreement

Sending Broker:

Michigan Professional Center LLC  
A Michigan real estate broker  
Fed ID: 84-2960816  
MI Broker License: 6505-423887  
6672 Riga St NE  
Rockford, MI 49341  
(616) 292-3700

Receiving Broker:

Agent Name: \_\_\_\_\_ Managing Broker: \_\_\_\_\_

Agent Phone: \_\_\_\_\_ Broker Phone: \_\_\_\_\_

Agent Email: \_\_\_\_\_ Broker Email: \_\_\_\_\_

Company Name: \_\_\_\_\_

Company Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

We accept this referral and agree to pay the Sending Broker a \_\_\_\_\_% referral fee of the listing/selling/both side of the transaction – whichever is applicable when the sale is completed. We will provide a copy of the closing statement along with the check within ten (10) business days after the date of closing. This referral is not transferable without permission of the Sending Broker. The referral fee applies to one successful transaction only as listed below and expires 1 year from date below.

\_\_\_\_\_  
Receiving Agent Signature/Approval

\_\_\_\_\_  
Receiving Broker Signature/Approval

Referred Client/Customer:

Date: \_\_\_\_\_

This is a:  Buying Referral  Listing Referral  Both – Listing and Buying Referral  
(Do not complete this section until Receiving Broker agrees to referral terms and signs agreement)

Name(s): \_\_\_\_\_

Address: \_\_\_\_\_ City/ST/Zip: \_\_\_\_\_

Phone(s): \_\_\_\_\_

Email(s): \_\_\_\_\_

Notes: