

REFERRAL AGREEMENT

REF

This form recommended and approved for, but not restricted to use by, the members of the Pennsylvania Association of Realtors® (PAR).

1 BROKER INFORMATION

2 Sending Broker

3 Broker: _____
4 Broker's License #: _____
5 Salesperson: _____
6 Office: _____
7 Address: _____
8 City: _____ State: _____ Zip: _____
9 Office Phone: _____
10 Cell Phone: _____
11 Fax: _____
12 Email: _____
13 Preferred method of contact: _____
14 Federal Tax IDN (EIN or SSN, if sole proprietor): _____

Receiving Broker

Broker: H. Joseph Younger Jr
Broker's License #: RB 069833
Salesperson: Joe Younger
Office: Younger Property Management
Address: 1853 William Penn Way, Suite 6
City: Lancaster State: PA Zip: 17605
Office Phone: 717.283.2300
Cell Phone: 717.587.5899
Fax: _____
Email: info@youngerpm.com
Preferred method of contact: Any
Salesperson's Designation(s): _____

15 CONSUMER INFORMATION

16 Consumer Contact Information

17 Name(s) _____
18 _____
19 Address: _____
20 _____
21 City: _____ State: _____ Zip: _____
22 If selling or leasing, address of property for sale/lease:
23 Address: _____
24 _____
25 City: _____ State: _____ Zip: _____
26 _____

Home Phone: _____
Work Phone: _____
Cell Phone: _____
Email: _____
Preferred method of contact: _____

- | |
|---|
| <input type="checkbox"/> Consumer has given permission for Receiving Broker to contact Consumer. |
| <input type="checkbox"/> Consumer has not given permission for Receiving Broker to contact Consumer and Consumer will initiate contact with Receiving Broker. |

27 Consumer is being referred only for: Listing Purchase Leasing Other _____

28 FEE AGREEMENT

29 In consideration of the referral of Consumer, Receiving Broker will pay a Referral Fee to Sending Broker as indicated below:

- 30 _____ % or \$ _____ of the Fee received by Receiving Broker for the listing side of Consumer's transaction.
31 _____ % or \$ _____ of the Fee received by Receiving Broker for the purchase side of Consumer's transaction.
32 _____ % or \$ _____ of the Fee received by Receiving Broker for the lease of Consumer's property.
33 _____ % or \$ _____ of the Fee received by Receiving Broker for the lease of property by Consumer.
34 Other: \$250 per unit referred, up to four (4) units per client referred, upon full execution of management contract

35 The Referral Fee will be paid to Sending Broker within 30 days of Receiving Broker's receipt of its fee.

36 Referral Fee is due to Sending Broker for any transaction(s) selected above that is executed within 180 days of the acceptance of this Referral Agreement.

38 If Consumer participates with a third party relocation company program in which a referral fee is paid, Receiving Broker must notify

39 Sending Broker and Receiving Broker is not required to pay the Referral Fee to Sending Broker.

40 **By signing below, Licensee represents that he/she is authorized by Broker to accept this referral Agreement.**

41 SENDING BROKER NAME _____

42 ACCEPTED BY _____ DATE _____

43 RECEIVING BROKER NAME _____

44 ACCEPTED BY _____ DATE _____

