

REFERRAL FEE AGREEMENT

PERSONS AND ENTITIES. The parties to this Referral Fee Agreement are:

REFERRING BROKER: _____ (Brokerage Firm Name)
REFERRING AGENT: _____ (Agent/Licensee)

Address _____
Phone _____ Fax _____ E-mail _____

RECIPIENT BROKER: _____ (Brokerage Firm Name)
RECIPIENT AGENT: _____ (Agent/Licensee)

Address _____
Phone _____ Fax _____ E-mail _____

This is a LISTING REFERRAL —OR— BUYER REFERRAL —OR— LEASE REFERRAL

PRINCIPAL: _____ (Client or Customer Name)

Address _____
Phone _____ Fax _____ E-mail _____

If a Buyer Referral, complete any that apply: Will lease first
 Reason for move: _____
 Contingent on Sale of Property (Property is —OR— is not in Escrow)

Additional Remarks: _____

FEE. In consideration of the referral of the above-named Principal, Recipient Broker hereby agrees to pay to the Referring Broker in the amount of *(select and complete one)*:

- \$ _____
- _____ % of the commission received by Recipient Broker on the referred side of any real estate transaction.
- Other: _____

Recipient Broker shall pay the referral fee to Referring Broker within _____ business days of Recipient Broker's receipt of commission on the transaction involving Principal and bank clearance of said funds.

RELATIONSHIP. The relationship between the Parties is and shall remain at all times that of an independent contractor. Nothing in this Agreement shall be deemed to create any form of partnership, principal-agent or employer-employee relationship or joint venture agreement between Referring Broker and Recipient Broker. As an independent contractor, Referring Broker has no decision-making authority on behalf of Recipient Broker or any client, employee or associate of Recipient Broker, and unless authorized in advance by Recipient Broker, any representations or other characterizations made by Referring Broker to any third party are not binding on Recipient Broker.

EXPIRATION. This Agreement will expire on _____ (specified date of expiration).

REFERRING BROKER:

RECIPIENT BROKER:

(Broker name)

(Broker name)

License No. _____ State: ____ Exp: _____

License No. _____ State: ____ Exp: _____

Signature: _____

Signature: _____

Date: _____

Date: _____

Referring Broker
Tax ID # _____

REFERRING AGENT:

RECIPIENT AGENT:

Name: _____

Name: _____

License No. _____ State: ____ Exp: _____

License No. _____ State: ____ Exp: _____

Signature: _____

Signature: _____

Date: _____

Date: _____

THIS REFERRAL AGREEMENT IS NOT VALID UNLESS IT IS SIGNED BY THE BROKERS.

Commissions payable for the sale, purchase, exchange, option or lease of property are not set, fixed, controlled, suggested, maintained or recommended by any Board or Association of REALTORS®, Commercial Information Exchange or Multiple Listing Service or in any manner other than as negotiated between brokers.

THIS FORM HAS BEEN APPROVED BY THE GREATER LAS VEGAS ASSOCIATION OF REALTORS® (GLVAR). NO REPRESENTATION IS MADE AS TO THE LEGAL VALIDITY OR ADEQUACY OF ANY PROVISION IN ANY SPECIFIC TRANSACTION. A REAL ESTATE BROKER IS THE PERSON QUALIFIED TO ADVISE ON REAL ESTATE TRANSACTIONS. IF YOU DESIRE LEGAL OR TAX ADVICE, CONSULT AN APPROPRIATE PROFESSIONAL.

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