

Date of Referral Agreement:

NAME:	NG BROKER/AGENT	NAME:	BROKER/AGENT
	Ascent Realty Group	COMPANY:	
ADDRESS:		ADDRESS:	
CITY, STATE, ZIP:		CITY, STATE, ZIP:	
PHONE:		PHONE:	
EMAIL:		EMAIL:	
	D CLIENT(S)		
NAME:		NAME:	
ADDRESS:		ADDRESS:	
CITY, STATE, ZIP:		CITY, STATE, ZIP:	
PHONE:		PHONE:	
EMAIL:		EMAIL:	
		F CLIENT IS THIS REFEERAL	
\Box SELLER(S)		BUYER(S)	SELLER(S)/BUYER(S)
REFERRA	L INFORMATION		
PROSPEC	T:		
CONTRACT DATE:		CLOSING DATE:	
REFERRAL FEE:			

In the event Receiving Broker/Agent receives a commission or other payment for services rendered in connection with a Real Estate transaction involving the Referred Client, the Referring Broker/Agent will be entitled to a referral fee and the Receiving Broker/Agent agrees to pay said referral fee. When the transaction is consummated, the Receiving Broker/Agent will send a referral fee to the Referring Broker/Agent. The Receiving Broker/Agent will enclose the details of the transaction with the sent referral fee.

The Referring Broker/Agent and Receiving Broker/Agent hereby agree to the above terms.

REFERRING BROKER/AGENT SIGNATURE		RECEIVING BROKER/AGENT SIGNATURE	
PRINTED NAME:		PRINTED NAME:	
DATE:		DATE:	