

Agent2Agent Network
REFERRAL AGREEMENT

Prospect:

Name: _____ Home: _____
Address: _____ Work: _____
City, State, Zip: _____ E-mail: _____

Receiving Agent:

Name: _____ Phone: _____
Address: _____ Fax: _____
City, State, Zip: _____ Tax ID #: _____
E-Mail: _____

Referring Agent:

Name: _____ Phone: _____
E-Mail: _____

Please make all checks payable to Agent 2 Agent Network and send to:

**2425 S. Stearman Dr. #120
Chandler, AZ 85286
Tax ID #: 86-1765993**

**Phone: 480-899-9010
Fax: 480-899-4918**

Referral Is For:

_____ Listing Prospect _____ % of commission
_____ Buying Prospect _____ % of commission
_____ Residential _____ Commercial _____ Rental/Property Management

- ☐ The following will confirm our conversation/email on _____ and will serve as our agreement of the following arrangement.
☐ The following is a referral not previously phoned in/e-mailed.

Receiving Agent

Date

Referring Agent

Date