REFERRAL AGREEMENT

Referral Out ✓ **Referral In** _____ **Date** 2/24/19

Name of Prospect Hayden Keitner

Address _____

(H)Phone _____ **(W)Phone** _____ **(Cell)Phone** _____

E-Mail: HKeitner@NixonPeabody.com **FAX** _____

Seller _____ **Buyer** ✓ **Both** _____

Contact Instructions: Home? _____ **Work?** _____ **Cell?** _____ **E-Mail?** ✓

Needs of Buyer Pass land

_____

Description of Selling Property _____

_____

Other comments _____

_____

Receiving Agent Kim Morgan - Wohler

Referring Agent leslie.rollins@PallSpera.com
leslie Rollins - cell 239-272-0645

Company Wohler Realty Group
Address P/O Box 355 Stratton Mountain, VT 05155
Phone# 802-297-7600 **FAX#** _____
Tax ID# 47-278-4869

REFERRING COMPANY TO RECEIVE 30 **% OF THE REFERRED SIDE**

Pall Spera Company Realtors
PO Box 539
Stowe, VT 05672
802-253-9771
802-253-9993 fax

Pall Spera
Broker

We (destination broker) _____ **accept this referral and the Referral fee terms herein.**

(PLEASE SIGN AND RETURN, RETAINING A COPY)