

REFERRAL AGREEMENT

Referral Out: _____ Referral In: _____ Date: _____

Name of Prospect: _____

Address: _____

(H)Phone: _____ (W) Phone: _____ (C) Phone: _____

Email: _____ Fax No: _____

Seller: _____ Buyer: _____

Contact Instructions: Call @ home? _____ Call @ work? _____ Email? _____ Best time? _____

Needs of Buyer: _____

Other Comments: _____

Receiving Agent: _____

Referring Agent: _____

Company: _____

Address: _____

Phone: _____ Fax: _____

Tax ID#: _____

REFERRING COMPANY TO RECEIVE _____% OF THE REFERRED SIDE

Pall Spera Company Realtors

PO Box 539

Stowe, VT 05672

802-253-9771

802-253-9993 (fax)

Broker

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

(PLEASE SIGN AND RETURN, RETAINING A COPY)