

## **Referral Agreement for Rentals and Property Management**

DATE:

## **Referring Office/Agent:**

Office name:	
Agent name:	
Best contact #/email:	

## **Referral Prospect Name/Contact Information:**

Name:\_\_\_\_\_ Best Contact #\_\_\_\_\_ Email:\_\_\_\_\_

Rental services needed:\_\_\_\_\_

## Referral amount to referred office, per MLS listing:

\$100.00 referral upon successful lease completion

Rental Office information only:
Unit rented:
Date lease completed:
Referral check completed:

**RE/MAX Team, REALTORS** at the Roundabout 2225 Ruth Way (formerly: 2450 Bedford St.) Johnstown PA 15904 814.262.7653 Office 814.266.1555 Fax suzettecolvin@remax.net