

REFERRAL TRANSMITTAL FORM

INSTRUCTIONS—

REFERRING FIRM: Complete, sign & date Part A. Mail or fax entire form to Receiving Firm for acceptance.

RECEIVING FIRM: Complete, sign & date Part B. Make one copy for your records and return form to Referring Firm.

PART A *To be completed by Referring Firm*

REFERRING FIRM INFORMATION

Referring Agent _____

Firm Name _____ Tax ID _____

Address _____ City _____ State _____ Zip _____

Phone _____ Fax _____ Voice Mail _____

RECEIVING FIRM INFORMATION

Receiving Agent Mike Avila / mavila@homefinder.org

Firm Name Signature Realty Services, LLC Tax ID 26-1734917

Address PO Box 8024 City Bloomington State IN Zip 47407

Phone 812.219.4829 Fax 815.301.3197

CLIENT INFORMATION (Buyer Seller)

Name _____

Address _____ City _____ State _____ Zip _____

Phone _____ Fax _____ Cell _____

COMMENTS

REFERRING FIRM SIGNATURE AND DATE

The undersigned Referring Firm makes this referral to the Receiving Firm pursuant to the terms in the Acceptance of Referral.

BY: _____ DATE: _____

PART B *To be completed, signed and dated by Receiving Firm.*

ACCEPTANCE OF REFERRAL BY RECEIVING FIRM

The undersigned Receiving Firm accepts this referral from the Referring Firm and agrees to promptly contact the referred Client. Upon closing, the Receiving Firm agrees to promptly pay and remit to the Referring Firm _____% of the listing commission or selling commission, whichever maybe be, as an earned referral fee for services rendered and to provide the Referring firm details of the transaction.

BY: _____ DATE: _____

PRINT NAME: Mike Avila, Broker/Owner, Signature Realty Services, LLC