



2017 REFERRAL CONFIRMATION FORM

Date: \_\_\_\_\_

Buyer  Seller

Client Name: \_\_\_\_\_

Spouse: \_\_\_\_\_

Home #: \_\_\_\_\_ Work#: \_\_\_\_\_

Cell#: \_\_\_\_\_

Destination Area (if Buyer): \_\_\_\_\_

Additional Information: \_\_\_\_\_

Property Address (if Seller): \_\_\_\_\_

Estimated Closing Date: \_\_\_\_\_

This is to confirm our conversation regarding the above client:

Referral Fee \_\_\_\_\_ % of the Agent's net commission on the referred side (includes 5% NRS Referral Services, LLC fee). The referral is for the client listing or buying. (The minimum total NRS Referral Services, LLC referral fee on all closed transactions is 25%.)

\_\_\_\_\_  
NRS Referral Services, LLC Associate Signature Date

\_\_\_\_\_  
Sales Associate Signature Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Home Address

\_\_\_\_\_  
Office Name/Address

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Phone No.

\_\_\_\_\_  
Phone No.

TAX ID # 46-3126963

Please return original signed copy to NRS Referral Services, LLC Associate and one copy to: NRS Referral Services, LLC at the applicable address below:

PA & DE Licensees: FAX: 610-650-5364 EMAIL: Rosanne.Sharpless@foxroach.com  
NJ Licensees: FAX: 856-795-3802 EMAIL: Susan.Gordon@foxroach.com