



2018 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:

Negotiated Referral Fee _____ % of the Agent's net commission on the referred side (includes 5% of the agent's net commission to 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

Sales Associates: Please return signed copy to NRS Referral Services, LLC Associate
NRS Associate: Please return signed copy to NRS Referral Services 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