



2019 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 check amount received by NRS on the referred side, 80% of the Referral Fee to be paid to the NRS Referral Associate, 20% to NRS Referral Services, LLC. 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