



2020
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 Date
Associate Signature

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