



2021 REFERRAL CONFIRMATION FORM

Return fully executed form to NRS Referral Services

Date: _____

Buyer Seller If referring client as both buyer and seller, complete a separate referral form for each side.

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 _____ %. The minimum NRS Referral Services, LLC referral fee on all closed transactions is 25%.

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.

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

431 West Lancaster Avenue * Devon, Pennsylvania * 19333 610-889-7716

41 S. Haddon Avenue * Haddonfield, New Jersey 08033 * 856-429-1995

88 Lantana Drive * Hockessin, Delaware 19707 * 302-426-6315

www.nrsreferrals.com