



13497 N Hwy 183, Suite 700
Austin, TX 78750
PHONE: 512.593.5403 | FAX: 512.590.8707

In-House Client Referral Agreement

Dated: _____

REFERRING AGENT

Name: _____

Email: _____

Ph #: _____

RECEIVING AGENT

Name: _____

Email: _____

Ph #: _____

CLIENT INFORMATION

Client Name: _____

Client's Address: _____

Client's City, State, ZIP: _____

Client's Ph #: _____

I acknowledge that I have received the above listed client as a referral from
_____ and agree to compensate referring agent by paying:

_____ % of total commission received

_____ % of the sales price

_____ A flat fee in the amount of \$ _____

All compensation should be considered due and payable at closing.

Referring Agent Signature: _____

Receiving Agent Signature: _____