

CRS Referral Agreement



This referral is being: Sent to a CRS agent Received by a CRS agent.

This is a: Listing Referral Buying referral

Client Information

Client's Name		
Home Address		
Home City	State	Zip
Home Phone	Business Phone	Additional Phone
Fax #	E-mail Address	

REALTORS® ACCEPTANCE OF REFERRAL

We accept this referral, and when sale is consummated, we agree to send _____%.
I will enclose details of the sale with the check.

Please complete, sign and return a copy of this agreement to the Sending Office.

Office Receiving Referral

Office Sending Referral

Agent Name	
Company Name	
Address	
City/State/Zip	
Business Phone	
Home Phone	
Fax Number	
E-mail Address	
Tax ID (if business)	
SS# (if individual)	
Receiving Agent Signature	Date
Receiving Broker Approval (if applicable)	Date

Agent Name	
Company Name	
Address	
City/State/Zip	
Business Phone	
Home Phone	
Fax Number	
E-mail Address	
Tax ID (if business)	
SS# (if individual)	
Sending Agent Signature	Date
Sending Broker Approval (if applicable)	Date