

Agent Referral Agreement

Referral Date: _____

Referring Broker/Agent (Source)

Agent Name: Isaac Rowe

Brokerage: Realty Trust Services

Complete Address: 19220 Lorain Rd. Fairview Park, OH 44126

Email: isaacrowe84@gmail.com Phone: 440-822-8422

Tax ID#: 20-8435694 Broker's License #: BRK.2008004009

Receiving Broker/Agent

Agent Name: _____

Brokerage: _____

Complete Address: _____

Email: _____ Phone: _____

Client Referred

Name(s): _____

Josh Janor - Redfin Properties, LLC

Complete Address: 3576 Brinkmore Rd Cleveland Heights, OH 44121

Email: JJanor@emeraldcityproperty.com Phone: 216-570-1761

Client is looking to BUY a property OR Client is looking to SELL a property OR Both

Receiving Broker/Agent agrees to pay Referring Broker/Agent a fee as indicated below:

\$2,500 Flat fee dollar amount, or _____ Percent of Sell side commission or Buyer side commission

A completed W9 and Broker's License is required to pay a referral commission.

DocuSigned by:
Isaac Rowe 9/30/2019

Referring Broker/Agent Signature Date

Receiving Broker/Agent Signature Date

