



REFERRING PARTY	RECEIVING PARTY
Agent Name:	Agent Name:
Company:	Company:
Business Address: 3363 E Presidential Dr Suite 103	Business Address:
City/State/Zip: Meridian, ID 83642	City/State/Zip:
Phone:	Phone:
E-Mail:	E-Mail:

CLIENT INFORMATION
Name(s):
Phone:
E-Mail:

**Effective Date-** \_\_\_\_\_, 20\_\_\_\_

**Compensation.** In the event a real estate transaction occurs under the terms of this Agreement the Referring Party shall be owed: (check one)

- **One (1) Time Fee.** \$ \_\_\_\_\_

- **Percent of Commission.** % \_\_\_\_\_

- **Other.** \_\_\_\_\_

**Payment.** The Receiving Party agrees to pay the Referring Party within **10** business days after closing.

**Expiration.** This Agreement shall terminate on \_\_\_\_\_ 20\_\_\_\_ unless both the Referring Party and the Receiving Party agree in writing to extend.

**Governing Law.** This Agreement shall be governed under the laws located in the jurisdiction of the Client's transaction.

**Additional Terms & Conditions.** \_\_\_\_\_

**Entire Agreement.** This Agreement constitutes the entire agreement between the Parties hereto with respect to the subject matter contained in this Agreement and supersedes all prior agreements, understandings and negotiations between the Parties.

REFERRING PARTY	RECEIVING PARTY
Print Name:	Print Name:
Signature:	Signature:
Date:	Date:
<b>BROKER SIGNATURE:</b>	<b>BROKER SIGNATURE:</b>
Date:	Date: