REFERRAL CONTRACT

This Agreement is by and between Beverly Collins, RE/MAX Professionals, 2475 West Monroe, Springfield, IL 62704 and

_____
(Agency)

of _____
(Mailing Address)

The following will serve as our agreement of the referral arrangement regarding the following:

CLIENT NAME: _____

ADDRESS: _____

PHONE #: _____

REFERRAL IS FOR:
_____ Listing Prospect to my office
_____ Buying Prospect to my office
_____ Listing Prospect to your office
_____ Buying Prospect to your office

REFERRAL FEE:
_____ Your office to receive _____% of RE/MAX Professionals' listing commission
_____ Your office to receive _____% of RE/MAX Professionals' sales commission
_____ RE/MAX Professionals to receive _____% of your office's listing commission
_____ RE/MAX Professionals to receive _____% of your office's sales commission

Please sign and return a copy of this letter as soon as possible. It will serve as your acknowledgement and agreement to the above referral and referral fee arrangement. If you have any questions, please call Beverly Collins, RE/MAX Professionals, at 217-725-0568 or toll free at 888-999-7215.

_____ _____
RE/MAX Professionals Associate Cooperating Associate

_____ _____
RE/MAX Professionals Broker Cooperating Broker

_____ _____
Tax ID # Date Tax ID # Date

Sign and fax this form to Beverly Collins, 217-787-8957, or mail it to Beverly Collins, RE/MAX Professionals, 2475 West Monroe, Springfield, IL 62704.