



**TESLA
REALTY GROUP**

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REFERRAL AGREEMENT

Client Name:	
Client Address:	
Client Phone and Email:	

SENDING BROKER (Company Name):	
SENDING BROKER (Agent Name):	
SENDING BROKER (Agent Phone and Email):	
RECEIVING BROKER (Company Name):	
RECEIVING BROKER (Agent Name):	
RECEIVING BROKER (Agent Phone and Email):	

In consideration for receipt of the referral of Client from Sending Broker, Receiving Broker agrees to pay Sending Broker as follows (fill in one of following)

_____ %	% of the total gross commission earned by Receiving Broker (based upon the Client's side of the transaction)
\$	payable (through escrow, if applicable)
Additional Terms (optional):	

By signing below, Licensee represents and warrants that he or she has full authority to bind Sending Broker or Receiving Broker, as applicable, and to accept this Referral Agreement

SENDING BROKER (Managing Broker Name):	
SENDING BROKER (Agent Name):	
Authorized Licensee Signature and Date:	

RECEIVING BROKER (Managing Broker Name):	
RECEIVING BROKER (Agent Name):	
Authorized Licensee Signature and Date:	

**Please send all signed and completed agreements to doc@teslarealtygroup.com
Please mail Referral Fee to Tesla Realty Group LLC, 941 N Providence Rd, Media, PA 19063**