



INCOMING REFERRAL AGREEMENT

eXp AGENT RECEIVING REFERRAL: _____

eXp AGENT ADDRESS: _____

eXp AGENT OFFICE PHONE: _____ CELL: _____

FAX: _____ EMAIL: _____

AGENT'S COMPANY SENDING REFERRAL: _____

AGENT NAME SENDING REFERRAL: _____

ADDRESS: _____

OFFICE PHONE: _____ CELL PHONE: _____

FAX: _____ EMAIL: _____

Tax ID #: _____ Broker's License #: _____

A completed W9 is required prior to paying any referral fees

___ Client is looking to BUY OR ___ Client is looking to SELL

Client(s) Name: _____

Client(s) Address: _____

Client(s) Phone: _____ Cell Phone: _____

Misc. Information: _____

eXp Realty agrees to pay Sending Company a referral fee of _____ (% or amount) of the commission paid to eXp Realty, LLC at the close of escrow.

Sending Agent Signature

Date

APPROVED BY eXp Realty

eXp Agent Signature / Company Name

Date

