

REFERRAL CONTRACT FORM

Date of Referral Agreement: _____

Referring (Source) Broker/Agent

NAME: _____

COMPANY: _____

BUSINESS ADDRESS: _____

BUSINESS CITY: _____

STATE: _____ POSTAL CODE: _____

E-MAIL ADDRESS: _____ WEB SITE: _____

FAX: _____

PHONE: _____

Receiving Broker/Agent

NAME: _____

COMPANY: _____

BUSINESS ADDRESS: _____

BUSINESS CITY: _____

STATE: _____ POSTAL CODE: _____

E-MAIL ADDRESS: _____ WEB SITE: _____

FAX: _____

PHONE: _____

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■ Referral Fee Particulars

In the event Receiving Broker/Agent receives a commission or other payment for services rendered in connection with a property management contract and leasing involving the Referred Client (see attachment 1), Referring Broker/Agent will be entitled to an initial referral fee, and Receiving Broker/Agent agrees to pay said referral fee, in the amount of:

- For all new management contracts referred by Referring Broker/Agent, Broker shall receive 25% of one month's rent

The parties hereby agree that the referral fee shall be fully paid by the Receiving Broker/Agent no later than 14 business days after the transaction is completed. This referral fee shall only be paid on the initial lease transaction and shall only be paid one time throughout the life of the management contract with the Owner the first time the agent leases the property and receives a leasing commission. For properties currently leased and referred to Receiving Broker/Agent, referring agent shall also be entitled to receive twenty-five percent (25%) of the first months rent payable after 30 days of management.

Other (describe)

■ Term

This contract will expire when the Owner of the property no longer wishes to engage with Austin Realty Management, LLC. (ARMI). Additionally, ARMI will not participate nor receive any compensation from any future sale of the property while still under the current ownership as referred. ARMI will cooperate fully with referring agent for any future sale of the property to referring agent/broker in delivering the property back to the referring agent/broker.

■ Signatures

Authorized Referring Broker/Agent

Date

Authorized Receiving Broker/Agent

Date

REFERRAL CONTRACT FORM

Attachment 1

CLIENT WORKSHEET

Client Referred

NAME: _____

ADDRESS: _____

CITY: _____

STATE: _____ POSTAL CODE: _____

E-MAIL ADDRESS: _____

PHONE: _____

Client Particulars

Comments