

# RELOCATION REFERRAL AGREEMENT

Date: [Date]

**Referring Brokerage:** [Company Name]  
**Address:** [Street Address, City, State, Zip]  
**Referring Agent:** [Agent Name]

**Receiving Brokerage:** [Company Name]  
**Address:** [Street Address, City, State, Zip]  
**Receiving Agent:** [Agent Name]

## 1. CLIENT INFORMATION

Name: [Client Name]  
Phone: [Phone Number]  
Email: [Email Address]  
Relocating To: [Destination City/State]

## 2. REFERRAL FEE TERMS

In consideration of this referral, the Receiving Brokerage agrees to pay the Referring Brokerage a referral fee of [Percentage]% of the total gross commission earned by the Receiving Brokerage on the side of the transaction represented (listing or purchase).

## 3. PAYMENT TIMELINE

The referral fee shall be paid within [Number] days of the successful closing and receipt of commission by the Receiving Brokerage.

## 4. TERM OF AGREEMENT

This agreement is valid for [Number] months from the date of signing. If the Client enters into a contract to buy or sell property within this period, the fee is due upon closing.

## 5. SIGNATURES

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**Authorized Signature (Referring Brokerage)**

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**Authorized Signature (Receiving Brokerage)**

Federal Tax ID (Referring Brokerage): [Tax ID Number]