



315.723.2211
DCGRealtyReferral.com

928 SE 5th CT
Fort Lauderdale, FL 33301

Tax ID: 27-0547785

Date: _____

REFERRAL AGREEMENT

Referring Agent Name _____ Agent Phone _____

Referring Broker Name: Droz Consulting Group LLC, Phone: 315-723-2211

Mailing Address: 928 SE 5th CT, Fort Lauderdale, FL 33301

Assigned Company/Office

Address: _____ City: _____ State: _____ Zip: _____

Relocation Coordinator Name: _____

Assigned Sales Agent: _____ Phone: _____

CLIENT INFORMATION

Name(s): _____

Address: _____

Phone #'s: _____

Email: _____

Area or Destination: _____ Price Range \$ _____

Comments: _____

***Term:** A ____ % referral fee is owed on *all* transactions said Client executes within the 24 months of the date of this agreement. Please provide this customer exceptional service by making prompt contact, follow-up until contact is made and the transaction is closed or the referral is exhausted. Please keep the DCG, Agent advised of referral status including sale, rental or closing. If rejected, refused, or lost, please advise at once.

Receiving BROKER Signature Date

SALES INFORMATION, REFERRAL FEE CALCULATION

Contract Date: _____ Sale/Rental Price: \$ _____

Total Commission on Referred Side \$ _____

Referral Fee: Commission x _____ = \$ _____