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CLIENT REFERRAL FEE AGREEMENT

Date: / /

Client Information:

Name: _____
Address: _____ City: _____ State: _____ Zip: _____
Home Phone: _____ WorkPhone: _____ Email: _____
Comments: _____

Broker Information:

REFERRING Broker/Agent Name: _____
Real Estate License ID#: _____
Brokerage Company: _____
Principal Broker: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Office Phone: _____ Email: _____

Do you have an existing relationship with Elika Associates? – Yes / No
If yes, what is their name? _____

AGREEMENT:

In consideration for receipt of the referral of Principal from referring broker, Recipient Broker agrees to pay Referring Broker as follows: 20% of the total net compensation earned by Recipient Broker (based upon the Principal's side of the transaction), OR \$_____, payable (through escrow, if used in Principal's transaction) upon recordation of deed or other evidence of transfer, if within 12 months from the date of this Agreement.

- 1. Proof of active license status is required of US, Canadian and Mexican agents and brokers and of all others in countries or states requiring licensing to sell real estate.
- 2. Registrations are only valid for 12-months, unless renewed by Broker & re-signed by prospect. Renewal forms available upon request.

Date: _____

Date: / /

REFERRING BROKER:

Company Name

By _____
Its Broker or Office Manager (circle one)

RECIPIENT BROKER:

Elika Associates
26 Broadway, Suite 1608, NY, NY, 10004

By Gea Elika
Principal Broker

Gea Elika

Please sign and fax referral agreement to 212-540-0549 or email to referral@elikaassociates.com