

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 Elik 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