

ACCESS RELOCATION SERVICES, INC.
PO Box 540157
Omaha, NE 68154
Phone: (402) 496-6181 Fax: (888) 314-6181

REFERRAL AGREEMENT

REFERRING FIRM INFORMATION:

Firm Name: _____ License #: _____
Agent Name: _____ License #: _____
Firm Address: _____
Phone: _____ Fax: _____ Email: _____
Fed. Tax ID# (EIN or SS#, if sole proprietor): _____

RECEIVING FIRM INFORMATION:

Firm Name: _____ License #: _____
Firm Address: _____
Phone: _____ Fax: _____ Email: _____

PROSPECT INFORMATION:

Name: _____
Address: _____
Phone: _____ Fax: _____ Email: _____

INFORMATION/NOTES:

Referral fees will be earned upon executed lease and move-in of tenant.

COMPENSATION: In consideration of the referral of Prospect, Receiving Firm shall pay Referring Firm as indicated below:

- N/A % of listing side of the commission received by Receiving Firm for the sale of Prospect's Property
- N/A % of selling side of the commission received by Receiving Firm for the Prospect's Purchase of Property
- Other: Referral payment will equal 15% of one month's rent commission

TIME OF PAYMENT: Any compensation owed hereunder shall be paid to Referring Firm within 30 days of Receiving Firm's receipt of its commission.

EACH FIRM REPRESENTS THAT IT HAS AN ACTIVE REAL ESTATE LICENSE AS OF THE DATE OF THIS AGREEMENT.

Referring Firm Name
By: _____
Date: _____

Access Relocation Services, Inc

Receiving Firm Name
By: _____
Date: _____