

**REFERRAL AGREEMENT FOR ADVISORS WITHIN TRANSITION ADVISORS NETWORK
(ONLY APPLICABLE FOR ADVISORS THAT CAN RECEIVE REFERRAL FEES AS ALLOWED BY STATE STATUE)**

Real Estate Buyer **Business Seller** **Other: _____** **Date: _____**
Lessee/Lessor **Other: _____**

Referring Advisor/Company

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ E-mail: _____
Brokerage License #: _____ Tax ID #: _____

Receiving Advisor/Company

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ E-mail: _____
Brokerage License #: _____

Prospect/Property/Business/Assignment

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ E-mail: _____
Contact Instructions: _____
Details: _____

In the event that a transaction is completed with this prospect as a result of this referral, within the a period of eighteen (18) months, the Receiving Advisor/Company agrees to pay the Referring Advisor/Company and Transition Advisors Network (combined under Transition Advisors Network) a referral fee equal to twenty five (25) percent of the net commission (on the referred side before any splits) received by the Receiving Advisor/Company, payable when the funds clear the Receiving Advisor's/Company bank.

Referring Advisor/Office

Date: _____

Advisor Signature

Management Signature

Receiving Advisor/Office

Date: _____

Advisor Signature

Management Signature