

CROSSVIEW

PROPERTY MANAGEMENT

PROPERTY MANAGEMENT REFERRAL AGREEMENT

REFERRING AGENT/BROKER

Brokerage Name: _____ Brokerage License #: _____

Agent Name: _____ Agent License #: _____

Agent Number: _____ Agent E-Mail: _____

Brokerage Address: _____

RECEIVING BROKER

Brokerage Name: CrossView Property Management **Brokerage License #:** BK3447408

Brokerage Number: (904) 855-7933 **Brokerage E-Mail:** rentals@crossviewpm.com

Brokerage Address: 9393-2 Mill Springs Dr, Jacksonville, FL 32257

POTENTIAL CUSTOMER INFORMATION

Name: _____

Property Address: _____

Phone: _____

E-Mail: _____

REFERRAL AGREEMENT

In consideration of this referral, Receiving Broker agrees to pay Referring Broker per the following terms: CrossView Property Management herein agrees to pay a \$300 referral fee to the Brokerage firm stated above once a tenant has been placed and given possession of the property. Only one referral is paid per property.

In the event the owner decides to sell the referred property, CrossView Property Management shall direct the owner back to the referring Agent above, as long as the Agent is still actively practicing real estate in the area at the time the owner is ready to sell.

No other guarantees or oral agreements have been entered into with respect to this Agreement. Each Brokerage represents that it has an active real estate license as of the date of this agreement.

Referring Agent Signature/Date

Receiving Broker Signature/Date

Referring Agent Name

Receiving Broker Name