



OUTGOING REFERRAL AGREEMENT

eXp AGENT SENDING REFERRAL: _____

eXp AGENT ADDRESS: _____

eXp AGENT OFFICE PHONE: _____ CELL: _____

FAX: _____ EMAIL: _____

Tax ID #: _____ Broker's License #: _____

AGENT'S COMPANY RECEIVING REFERRAL: _____

AGENT NAME RECEIVING REFERRAL: _____

ADDRESS: _____

OFFICE PHONE: _____ CELL PHONE: _____

FAX: _____ EMAIL: _____

____ Client is looking to BUY OR ____ Client is looking to SELL

Client(s) Name: _____

Client(s) Address: _____

Client(s) Phone: _____ Cell Phone: _____

Misc. Information: _____

Receiving Company agrees to pay eXp Realty LLC a referral fee of
_____(% or amount) of the commission paid to eXp Realty, LLC at
the close of escrow.

eXp Agent Signature

Date

eXp Broker Approval Signature

Date

Receiving Agent Signature/ Company Name

Date

Receiving Broker Approval Signature

Date