



| Agent of IL Real Estate License Holding | Agent Receiving Referral |
|---------------------------------------------------------------------|--------------------------|
| Name: | Name: |
| Phone: | Brokerage: |
| Email: | Phone: |
| Please Remit Commission to: | Email: |
| Kale Realty 2447 N. Ashland Chicago, IL 60614 312-939-5253 | Address: |

The following will serve as our agreement of the referral arrangement regarding the following:

CLIENT NAME: _____

ADDRESS: _____

PHONE: _____ EMAIL: _____

REFERRAL IS FOR (Check one – Or Both)

☐

LISTING PROSPECT

☐


BUYING/TENANT PROSPECT

REFERRAL IS FOR ILLINOIS REAL ESTATE LICENSE HOLDING COMPANY TO RECEIVE:

_____ % OF LISTING COMMISSION FROM _____ (Receiving Agents Company)

_____ % OF SALES/RENTAL COMMISSION _____ (Receiving Agents Company)

Please sign and return a copy of this letter. It will serve as your acknowledgement and agreement to the above referral and referral fee arrangement. If you have any questions, please feel free to contact our office.

| | |
|---------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|
| IL Holding Company Agent _____ (Date) _____ | Receiving Agent _____ (Date) _____ |
| IL Holding Company Managing Broker _____  _____ | Receiving Agent Managing Broker _____ |