

This agreement confirms the referral described below. Please complete each section, sign, and return a copy to our office. Your signature acknowledges the referral and the referral fee.

1 The agents

Referring agent Illinois Real Estate License Holding

NAME

PHONE

EMAIL

PLEASE REMIT COMMISSION TO

Kale Realty

3323 W Diversey Ave., Chicago, IL 60647

312.939.5253

Receiving agent

NAME

BROKERAGE

PHONE

EMAIL

BROKERAGE ADDRESS

2 The client

CLIENT NAME

PHONE

PROPERTY ADDRESS

EMAIL

3 Referral type

Check one or both

☐ Listing prospect☐ Buying / tenant prospect

4 Referral fee

Illinois Real Estate License Holding will receive:

 %

of the listing commission

 %

of the sale / rental commission

PAID BY (RECEIVING AGENT'S BROKERAGE)

5 Signatures

REFERRING AGENT

DATE



IL LICENSE HOLDING MANAGING BROKER

DATE

RECEIVING AGENT

DATE

RECEIVING AGENT'S MANAGING BROKER

DATE