



# INTRA-COMPANY REFERRAL

## ACKNOWLEDGEMENT FORM

**\*\* ONLY to be used when a SCHMIDT FAMILY OF COMPANIES agent refers to a SCHMIDT FAMILY OF COMPANIES agent. \*\***

**\*\* This is *not* an approved form to be used with other brokerages. \*\***

Date: \_\_\_\_\_

### REFERRING AGENT INFORMATION

Agent *sending* the referral

Name: \_\_\_\_\_ Office: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

### ASSIGNED AGENT INFORMATION

Agent *receiving* the referral

Name: \_\_\_\_\_ Office: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Permission to refer?  Yes  No

Type of Referral:  Buyer  Seller

### CUSTOMER INFORMATION

Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone(s): \_\_\_\_\_

Email(s): \_\_\_\_\_

### REFERRAL INFORMATION AND GENERAL COMMENTS

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

In reference to the above-referred client, brought to your attention on \_\_\_\_\_, the agreed upon referral fee will be \_\_\_\_\_% of the  listing side  selling side. Please acknowledge this arrangement by signing where indicated. Keep a copy for your records and return the original.

\_\_\_\_\_  
*Signature of person sending form* *Date*

\_\_\_\_\_  
*Signature of person receiving form* *Date*

**\*\* If this referral results in a sale, the receiving Sales Associate is responsible for getting a copy of this form to the Closing Coordinator so the referral fee is reflected on the Transaction Report. The referring agent will be paid their referral fee based on their current commission level at the time of closing. For filing purposes, both referring and receiving Sales Associates should furnish a copy of this form to their respective office managers.**