



2512 W. Navigator Drive, Suite 100, Meridian, ID 83642  
516 S. Capitol Blvd, Boise, ID 83702  
630 W Broadway St, Idaho Falls, ID 83402

ORIGINATING BROKER

Brokerage: \_\_\_\_\_ Date: \_\_\_\_\_  
Referring Agent's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Brokerage Address: \_\_\_\_\_  
Agent's Email: \_\_\_\_\_

RECEIVING BROKER

Brokerage: \_\_\_\_\_ Date: \_\_\_\_\_  
Receiving Agent's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Brokerage Address: \_\_\_\_\_  
Agent's Email: \_\_\_\_\_

CLIENT INFORMATION

Client is: \_\_\_ Buying \_\_\_ Selling Client Name: \_\_\_\_\_  
Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

It is understood and agreed between the undersigned parties that in the event a transaction is consummated with the client, a \_\_\_% referral fee OR\$ \_\_\_\_\_ shall be paid to the Originating Brokerage by the Receiving Brokerage within 5 Calendar days of commission being received. Referral to be paid on the gross commission paid to the Receiving Brokerage on the \_\_\_ List Side \_\_\_ Buy Side.

This Referral Agreement is valid for \_\_\_ Transaction(s) with Client placed under contract during the defined period of: Begin date: \_\_\_\_\_ and Expiration date: \_\_\_\_\_.

**Signatures:**

Originating Agent: \_\_\_\_\_ Date: \_\_\_\_\_ Originating Broker: \_\_\_\_\_ Date: \_\_\_\_\_

Receiving Agent: \_\_\_\_\_ Date: \_\_\_\_\_ Receiving Broker: \_\_\_\_\_ Date: \_\_\_\_\_

- Please provide Company's W9
- Closing Statement and copy of Referral Agreement with payment to Originating Brokerage
- **Make payment to Coldwell Banker Tomlinson ATTN Kathy Bunn and mail to: 2512 W Navigator Dr Ste100, Meridian, ID 83642**