

**Western Real Estate  
REFERRAL FEE AGREEMENT**

Date of Referral \_\_\_\_\_ Seller Referral \_\_\_\_\_

REFERRAL FEE \_\_\_\_\_ % Buyer Referral \_\_\_\_\_

REFERRING AGENT \_\_\_\_\_

Western Real Estate

1600 Oak Street  
Eugene, OR 97401

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

AGENT RECEIVING  
REFERRAL

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

Company: \_\_\_\_\_

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

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

Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

CLIENT INFORMATION

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

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

Instructions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Receiving office agrees to pay above fee to referring office upon closing of the transaction.

\_\_\_\_\_  
Referring Agent

\_\_\_\_\_  
Receiving Agent

\_\_\_\_\_  
Referring Principal Broker

\_\_\_\_\_  
Receiving Principal Broker

\_\_\_\_\_  
93-1234502  
Company Federal Tax ID #

\_\_\_\_\_  
Company Federal Tax ID # (required)