Referral Agreement

Date: _____

Referral Type: Listing: ___ Purchase: ___

Referral From:
Mid Illinois Real Estate Referral, LLC
18864 Old Principal Road
Heyworth, IL 61745
Tax ID #37-2754186
Karen Stailey-Lander
Designated Managing Broker
(309) 275-5420
Karen@Lander1.com

Referral To:
Brokerage: _____

Managing Broker: _____

Email: _____

Phone: _____

Referring MIRER, LLC Broker

Name: _____

Phone: _____

Specific Broker requested to receive this referral:

_____

Client: Name(s): _____

Address: _____

Phone: _____Email: _____

Additional Client Information: _____

Referral Fee:
Mid Illinois Real Estate Referral, LLC to receive _____% of your office's gross commission income from any resulting transaction from this referral.

Signatures: The signatures below indicate acceptance of these terms as written.

Referring Managing Broker: _____ Date: _____

Referring Broker: _____ Date: _____

Receiving Managing Broker: _____ Date: _____

Please sign and return this document to Mid Illinois Real Estate Referral, LLC via the contact information above.