



COLDWELL BANKER
ISLAND AFFILIATES

CB ISLAND AFFILIATES REFERRAL FORM

Date of Referral Agreement: _____

Referring (Source) Broker/Agent

NAME: _____

COMPANY: _____

BUSINESS ADDRESS: _____

BUSINESS CITY: _____

STATE/REGION/PROVINCE: _____

POSTAL CODE: _____

COMPANY COUNTRY: _____

E-MAIL ADDRESS: _____

WEB SITE: _____

FAX (include country code): _____

PHONE (include country code): _____

Receiving Broker/Agent

NAME: _____

COMPANY: _____

BUSINESS ADDRESS: _____

BUSINESS CITY: _____

STATE/REGION/PROVINCE: _____

POSTAL CODE: _____

COMPANY COUNTRY: _____

E-MAIL ADDRESS: _____

WEB SITE: _____

FAX (include country code): _____

PHONE (include country code): _____



COLDWELL BANKER
ISLAND AFFILIATES

Send referral to: Referral@cbislands.com



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Referral Fee Particulars

In the event Receiving Broker/Agent receives a commission or other payment for services rendered in connection with a real estate transaction consummated involving the Referred Client (see attachment 1) within _____ of the date this Referral Contract is entered into (both parties have signed), Referring Broker/Agent will be entitled to a referral fee*, and Receiving Broker/Agent agrees to pay said referral fee, in the amount of:

- ☐ _____ cash (in _____ currency), or
- ☐ _____ percent of the ☐ list price, ☐ sale price, or ☐ lease commission that Receiving Broker/Agent receives in connection with the foregoing.

The parties hereby agree that the referral fee shall be fully paid by the Receiving Broker/Agent no later than _____ business days after the transaction is completed.

☐ Other (describe) _____

**Referral fees may be subject to withholding tax or other forms of taxes in the country in which the transaction takes place. Referring agents should be aware of state, provincial, or local laws in their respective markets with regards to paying referrals.*

Term

This contract will expire on _____ (date). If both parties want to cooperate after the expiration date, they will have to execute a new referral contract.

Signatures

Authorized Referring Broker/Agent

Date

Authorized Receiving Broker/Agent

Date





CB ISLAND AFFILIATES REFERRAL FORM

Attachment 1

CLIENT WORKSHEET

Client Referred

NAME: _____

ADDRESS: _____

CITY: _____

STATE/REGION/PROVINCE: _____ POSTAL CODE: _____

E-MAIL ADDRESS: _____

FAX (include country code): _____

PHONE (include country code): _____

Client Particulars

Property Needs

Is this property for the client's personal use,
or is it intended as an investment?

Does this client own other real property
in the destination country?

Referring Broker/Agent Prior Experience
with this client

Comments

