

Tenant Referral Agreement



Referring Agent: _____ (Associate-Licensee)

Address: _____

Phone: _____ Fax: _____ Email: _____

Referring Broker: _____ (Brokerage Firm Name)

Address: _____

Phone: _____ Fax: _____ Email: _____

Referred Client : _____

Address: _____

Phone: _____ Fax: _____ Email: _____

AGREEMENT:

In consideration for receipt of the referral tenant from the referring Broker to one of the properties managed by State Property Management LLC, State Property Management LLC agrees to pay referring Broker _____ as compensation earned by the recipient broker from that tenancy. Should said tenancy not be completed, no referral fee will be paid or due.

Date: _____

Date: _____

REFERRING BROKER:

RECIPIENT BROKER:

State Property Management LLC

(Brokerage firm name)

(Brokerage firm name)

By: _____

By: _____

Broker Office Manager (check one)

Broker Office Manager (check one)

(Print Name)

(Print Name)