

RECEIVING AGENT		SENDING AGENT	
Name:		Name:	
Company Name:		Company Name:	
Address:		Address:	
City:		City:	
State:		State:	
Zip:		Zip:	
Business Phone:		Business Phone:	
Home Phone:		Home Phone:	
Cell Phone:		Cell Phone:	
E-Mail:		E-Mail:	
Fax Number:		Fax Number:	

Acceptance of Referral - Complete, sign and return two copies to the Sending Agent.

I, the Receiving Agent, accept this referral, and when sale is consummated, agree to pay _____ % of the applicable portion (listing or sale) of the commission to the Sending Agent.

Date: ___/___/___ Accepted by _____

Receiving Agent: Please contact this Referral IMMEDIATELY and advise Sending Agent

CLIENT INFORMATION		
Check One: Client is Buyer _____	Client is Seller _____	
Name:		
Home Address:		
Home City:	State:	Zip:
Home Phone:	Business Phone:	Cell Phone:
E-Mail:	Fax Number:	
Comments:		

If you are using this form to document evidence of a closed referral transaction for credit in the Performance Management Network Designation program, please sign below and provide the date the transaction closed. You may submit this form with your completed designation application.

Signature _____ Date Transaction Closed _____

Designees and Candidates in the Performance Management Network Designation program receive discounts on website advertising, webinars and more. Call 800-245-8512 or go online at wcr.org to learn more about how you can earn the Performance Management Network Designation.

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