



Windermere/Manito LLC  
2829 S. Grand Blvd.,  
Spokane, WA 99203  
(509) 747-1051  
Fax: (509) 747-9160

REFERRAL AGREEMENT

**Client Information:**

**Client Name:** \_\_\_\_\_

**Property Address:**  
\_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Additional Information:**  
\_\_\_\_\_  
\_\_\_\_\_

**Type of Referral:** Buyer  Seller  Tenant  Landlord

\_\_\_\_\_ accepts this referral, and when transaction is consummated, agrees to send \_\_\_\_\_% total commissions received for this transaction to \_\_\_\_\_.

**Office Receiving Referral:**

\_\_\_\_\_  
Agent: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_  
Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_  
Agent: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_  
Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_  
Broker Signature Date

\_\_\_\_\_  
Broker Signature Date

**Office Sending Referral:**