AREA ALBERTA REAL ESTATE ASSOCIATION

REFERRAL FEE DISCLOSURE FORM

ACKNOWLEDGEMENT

I/We acknowledge and agree that:

_____
(Broker, associate broker, associate)

representing _____
(Brokerage)

will be receiving a referral fee of 30% _____
as a result of

- ❑ sale of property
- ❑ lease of property
- ❑ purchase of property
- ❑ approved mortgage
- ❑ other _____

Client Referred From:

_____
Broker, associate broker, associate

_____
Brokerage

_____
Address

_____
(postal code)

_____
Phone Fax

_____
Email

Client Referred To:

Connie Grant
Broker, associate broker, associate

RE/MAX real estate lethbridge
Brokerage

517 6th Street South
Address

Lethbridge, Alberta T1J 2E1
(postal code)

403-327-2221 403-328-2221
Phone Fax

connie.grant@remax.net
Email

CLIENT INFORMATION

Client's Name _____

Address _____

_____
(postal code)

_____
Phone Fax Email

ADDITIONAL CLIENT INFORMATION

Please Note: Personal information on this form is confidential and is to be used and disclosed only for the purpose of this referral.

SIGNED at _____, this _____ day of _____, _____.

_____ _____
Signature of Referred Client Witness

_____ _____
Signature of Referred Client Witness