



AGENT REFERRAL FORM

PROPERTY ADDRESS		DATE	
REFERRING AGENT		REFERRING AGENT PHONE #	
AGENT PUBLIC ID #		REFERRAL FEE DUE	\$
BROKER		BROKER LICENSE #	
		EXPIRATION DATE	
COMPANY NAME		COMPANY PHONE #	
Which referrals will be made payable to			
COMPANY ADDRESS		COMPANY TAX ID	
Where referral check will be mailed			
<input type="checkbox"/> OWNER REFERRAL		<input type="checkbox"/> TENANT REFERRAL	
Owners Name		Tenants Name	

Triumph Property Management shall pay the referral fee to Referring Broker within 15 business days of said referrals signed paper and bank clearance of all funds due on the transaction.

Relationship. The relationship between the Parties is and shall remain at all times that of an independent contractor. Nothing in this Agreement shall be deemed to create any form of partnership, principal-agent or employer-employee relationship or joint venture agreement between Referring Broker and Recipient Broker. As an independent contractor, Referring Broker has no decision-making authority on behalf of Triumph Property Management or any client, employee or associate of Triumph Property Management, and unless authorized in advance by Triumph Property Management, any representations or other characterizations made by Referring Broker to third party are not binding on Triumph Property Management.

REFERRING AGENT SIGNATURE: _____ **DATED:** _____

REFERRING BROKER SIGNATURE: _____ **DATED:** _____

SIGNATURE: _____ **DATED:** _____

TRIUMPH PROPERTY MANAGEMENT

LICENSE NUMBER B.1000830.Corp

EXP: JUNE-30-2018