



417 West Irving Park Road, Itasca Illinois 60143

Office: 630-616-9600 E-Fax: 224-848-6313

Web site: www.ChicagoAreaReferralExchange.com E-mail: CAREChicago@Yahoo.com

AGENT CORRESPONDENCE TO: ATTN: CARE, 417 West Irving Park Road, Itasca IL 60143

ALL OTHER CORRESPONDENCE TO: ATTN: CARE, POB 5187, Aurora Illinois 60507

Referral Broker To Broker External Form AGREEMENT CONFIRMATION FORM:

Date of Initial Contact: _____ Time: _____ Phone #: _____

Referral Fee agreed upon is _____ Percent.

It is hereby agreed and understood that by accepting this referral, the originating and destination brokerage firms agree to abide by the rules and regulations as currently published and abide by the standards of business conduct and ethics as prescribed by the National Association of Realtors. Should a disagreement arise over the referral fee, a sincere effort must be made to resolve it by the management of the companies involved before they submit to, and agree to abide by, a ruling of an arbitration committee or lawful court.

ORIGINATING BROKER: (C.A.R.E. Chicago Area Referral Exchange)

(Referral Agent Printed Name) (Agent Signature) (Date)

(Agent #) (Office #)

(Managing Broker Printed Name) (Office Managing Broker Signature) (Date)

DESTINATION BROKER: (_____)
(Firm Name)

(Firm Office Address Line One)

(Assigned Agent Printed Name) (Agent Signature) (Date)

(Agent #) (Office #)

(Managing Broker Printed Name) (Office Managing Broker Signature) (Date)

CLIENT REFERRED:

(Client/s Name/s) (Client/s #)

(Property Address Line One)

(Property Address Line Two)

(Additional Details/Comments Line One)