



**BUSINESS
BROKERS®**
EACH OFFICE INDEPENDENTLY
OWNED AND OPERATED

REFERRAL AGREEMENT

DATE: _____ **DESTINATION FAX # 407-859-4815**

SENT TO:
NAME: Eduardo J. Dominguez, CEO and Broker of Record
COMPANY: Capital Business Group, Inc. d/b/a VR Business Brokers
CITY: Orlando STATE/PROV.: FL ZIP CODE: 32837 COUNTRY: USA
PHONE: OFFICE: 407-856-4418 CELL: 407-446-2444 FAX: 407-859-4815

SENT FROM:
NAME: _____
COMPANY: _____
CITY: _____ STATE/PROV.: _____ ZIP CODE: _____ COUNTRY: _____
PHONE: OFFICE: _____ CELL: _____ FAX: _____

FEE: COMMISSION TO BE PAID UPON CLOSING
THE AGREED REFERRAL FEE IS: ☐ 20% OF THE SELLER SIDE ☐ 10% OF THE BUYER SIDE

CUSTOMER INFORMATION:
NAME: _____
COMPANY: _____
OFFICE ADDRESS: _____
CITY: _____ STATE/PROV.: _____ ZIP CODE: _____ COUNTRY: _____
HOME ADDRESS: _____
CITY: _____ STATE/PROV.: _____ ZIP CODE: _____ COUNTRY: _____
THE BEST TIME TO CALL AT THE OFFICE: _____ am / pm PHONE OFFICE: _____
THE BEST TIME TO CALL AT HOME: _____ am / pm PHONE HOME: _____
CALL AS SOON AS POSSIBLE ☐ YES, IF NOT, WHEN AND WHY? _____
=====

SENDING AGENT:
Please complete information above the dotted line and send this form by FAX to confirm the referral.
ALWAYS PHONE THE RECEIVING AGENT BEFORE SENDING THIS FORM!

COMMENTS
☐ BUYER ☐ SELLER

SENDING AGENT SIGNATURE: _____ **DATE:** _____

RECEIVING AGENT: Please sign below the dotted line acknowledging your acceptance of the referral and send this form by FAX.
Phone to update the Sending Agent at least once a month confirming action taken.
=====

RECEIVING AGENT SIGNATURE: _____ **DATE:** _____