

Referral



Date: _____

Receiving Office:

Referral Office:

REALTOR®:		REALTOR®:	
Brokerage:		Brokerage:	<i>Ethos Realty Inc.</i>
Address:		Address:	<i>755 Osborne St, Winnipeg, MB, R3L 2C4</i>
Fax / Email:		Fax / Email:	<i>204.888.3331 / info@ethosrealty.ca</i>
Phone No.:		Phone:	<i>204.888.3393</i>

- Listing Referral
 Buyer Referral
 Other: _____
 Confirmation of referral previously phoned/emailed

Part I – Client Information

Name(s): _____

Address: _____

City/Prov: _____ Postal Code: _____

Phone(H): () _____ Phone(C): () _____

Email: _____

Comments: _____

Part II – RECEIVING OFFICE: Referral Acknowledgement

Receiving Office to complete upon Receipt and Fax/Email copy to Referral Office, Ethos Realty Inc.

Agreed upon fee: _____ % of the Listing Commission Selling Commission

I hereby accept the above referral:

Signature: _____ Date: _____

Part III – RECEIVING OFFICE: Final Disposition on Referral Received

Mail copy along with cheque to Ethos Realty Inc., or send confirmation of unsuccessful referral for our records

Our cheque # _____ for \$ _____ representing _____ % of the commission received on this transaction.

Successful Referral

Date of Closing:	
Sale Price:	\$
Total Commission Paid at Closing:	\$
LESS Paid to the Local Co-Op REALTOR® (if any)	\$
Commission to our Office:	\$

Unsuccessful Referral

<input type="checkbox"/> Chose to rent
<input type="checkbox"/> Used another REALTOR®
<input type="checkbox"/> Decided not to move
<input type="checkbox"/> Moved to another area
<input type="checkbox"/> Unable to contact

Comments: _____