



The Miramas Group, LLC
Real Estate Brokerage

REFERRAL FORM AND AGREEMENT

Receiving Broker shall provide the Referring Broker any all and updates regarding Referral Prospects home search and promptly notify with written notification via email if Referral Prospect cancels or withdraws from home search within 24 hours of notice.

Receiving Broker, _____ agrees to pay \$ _____ to the referring Broker, _____ upon closing and funding.

**Receiving Broker shall pay the referral fee to the Referring Broker within 5 days of receipt of commission on the above transaction and bank clearance of bank funds. A copy of Escrow/Attorney Settlement Statement must be provided to Referring Broker within 24 hours of closing and funding.

Referring Agent _____ Referring Company & Tax ID: THE MIRAMAS GROUP, LLC TAX ID# 26-3134120 ADDRESS: PO BOX 593315 SAN ANTONIO, TX 78259 Phone: 210-201-5260 Email: MIRAMASGROUPLLC@GMAIL.COM Referral Type _____	Receiving Agent _____ Receiving Company and Tax ID: _____ _____ ADDRESS: _____ _____ Phone: _____ Email: _____ Referral Percentage _____
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Referral Name(s) _____
Address _____ City _____ State/Zip _____
Phone _____ Email _____

1. EMAIL A SIGNED COPY OF THIS AGREEMENT TO THE REFERRING AGENT AND TO THE BROKERAGE AT: MIRAMASGROUPLLC@GMAIL.COM
2. MAIL CHECKS TO **PO BOX 583316 SAN ANTONIO, TX 78259**
3. A COPY OF OUR W-9 ATTACHED FOR YOUR RECORDS

Referring Agent Date Receiving Agent Date