



## Semonin/Rector Hayden Employee Referral Form

Date: \_\_\_\_\_

Referring Employee: \_\_\_\_\_

Contact #: \_\_\_\_\_

Email Address: \_\_\_\_\_

Office: \_\_\_\_\_

Source of Lead: \_\_\_\_\_

Agent Accepting Referral: \_\_\_\_\_

Office: \_\_\_\_\_

Contact #'s: \_\_\_\_\_

Email Address: \_\_\_\_\_

Referral Client's Name: \_\_\_\_\_

Current Address: \_\_\_\_\_

Contact #'s: \_\_\_\_\_

Email Address: \_\_\_\_\_

Circle One or both: Buyer and/or Seller

**It is agreed that a 25% referral fee will be paid to Kentucky Residential Referral Service. That fee is based on the total commission on the referred side of the business.**

### **Signatures are required:**

Referring Employee (KRRS Member):

Date:

\_\_\_\_\_

\_\_\_\_\_

Employees Manager:

Date:

\_\_\_\_\_

\_\_\_\_\_

Accepting Agent:

Date:

\_\_\_\_\_

\_\_\_\_\_

Accepting Agents Manager:

Date:

\_\_\_\_\_

\_\_\_\_\_

Please fax this form to KRRS 502-339-1762