



Semonin/Rector Hayden Employee Referral Form

Date: _____

Referring Employee: _____

Office: _____ Source of Lead _____

Agent Accepting Referral: _____

Office: _____

Listing for Property at: _____

Owners Name: _____

Sale of Property to: _____

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