



MOUNT VERNON PROPERTY MANAGEMENT

Referral Agreement

MVPM Associate Name: _____

Date: _____ Referring Agent: _____

Referring Brokerage Company: _____

Referring Broker (please print): _____

Office Phone: _____ Referring Brokerage Tax ID#: _____
(must include signed W-9)

Client Name: _____

Home Tel./ _____ Work Tel./ _____ Cell/ _____

E-mail: _____ Best time to contact: _____

Potential Listing: _____ Potential Tenant: _____

Geographic area : _____

Property Details:

Rent Range:

Mount Vernon Property Management, Inc. pays referral fees to referring brokers on the following schedule:

Owner Referrals: \$250.00
Tenant Referrals: \$100.00

Referral fees are paid to the referring broker within 30 days of lease commencement.

Authorized Cooperating Broker Signature

Date

Print Name

For _____
Cooperating Firm