Home Buyer and Seller Referral Form
Venice Realty, Inc.

Section A – To Be Completed By Home Buyer or Seller

Date _____
Venice Realty, Inc. refers the following Client:
First Name _____ Last Name _____
Address (line 1) _____
Address (line 2) _____
City _____ State _____ Zip _____
Email address _____ Telephone number _____
Check one: ___ I want to sell a home ___ I want to buy a home
Home criteria/description: _____ Bedrooms _____ Bathrooms _____ Sq. footage (range)
Price range _____ City _____ State _____

If your Agent is not the Broker, please have them sign to acknowledge that they received this form and that they agree to present this form to their Broker within one business day.

_____ _____
Agent Signature *Date*

Venice Realty, Inc. has the above real estate sales Client's agreement to be referred to the Receiving Broker. This Client has been informed that Venice Realty, Inc. will receive a referral fee and that this fee (minus an administration fee of $295) will be distributed as a charitable gift to the non-profit organization of their choice (upon verification that this organization is a qualified public charity).

_____ _____
Buyer/Seller Signature *Date*

Section B – Broker- Broker Agreement

The following Receiving Broker agrees to pay Venice Realty, Inc. 25% of the listing or selling commission received by the Broker on the real estate transaction of this Prospect. The Receiving Broker agrees to pay Venice Realty, Inc. within 1 (one) business day following the closing of the real estate transaction. A copy of the Settlement Statement and a check for the amount of the Referral Fee will be sent to Venice Realty, Inc., 101 West Venice Ave. Suite 31-3, Venice, FL 34285.

Date _____

___Diane Shiell, Broker_____ _____
Venice Realty, Inc. Signature *Receiving Broker's Signature*

The individual named above is signing this document electronically under s. 831.06 Florida Statutes.

_____
Print Name

The Receiving Broker agrees to provide updates to the Referring Broker.

Section C – Referring Broker

Name ___Venice Realty, Inc._____
License # __CQ1016484_____
in State of __Florida_____
Address _101 West Venice Ave., Ste. 31-3_
Address _____
City _Venice_____ State FL_ Zip 34285
Email address _venice@venicerealty.com__
Telephone number _(941) 244-3502_____
FAX number _(888) 486-9995_____
EIN # _04-3747256_____

Section D – Receiving Broker

Name _____
License # _____
in State of _____
Address _____
Address _____
City _____ State ___ Zip _____
Email address _____
Telephone number _____
FAX number _____
EIN # _____