



REFERRAL CONFIRMATION FORM

Date: _____

Buyer

Seller

Client Name: _____

Spouse: _____

Home #: _____ Work#: _____

Cell#: _____

Destination Area (if Buyer): _____

Additional Information: _____

Property Address (if Seller): _____

Estimated Closing Date: _____

This is to confirm our conversation regarding the above client: _____

Referral Fee _____% of the Sale's Associates Net Commission on the referred side (includes 5% Apex Prime Referrals LLC fee). The referral is for the client listing or buying. (The minimum total Apex Prime Referrals, LLC referral fee on all closed transactions is 25%.)

Apex Prime Referrals, LLC Associate Signature

Date

Sales Associate Signature

Date

Print Name

Print Name

Home Address: _____

Office Name/Address: _____

Phone No.: _____

Phone No.: _____

TAX ID # 82-0609682

Please return original signed copy to Apex Prime Referrals, LLC Associate and one copy to:

6601 Ventnor Avenue - Suite G3, Ventnor, NJ 08406 • office: (609) 487-9996 • Fax: (609) 939-0792