



BROKER REFERRAL FORM

Please PRINT and complete the information and FAX to 603/415-8745

Name of Client: _____

Address Client: _____ **City:** _____ **State:** _____ **Zip:** _____

Telephone: (____) _____ **Fax:** (____) _____ **E-mail:** _____

Client Signature: _____

Agent's Name: _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Telephone: (____) _____ **Fax:** (____) _____ **E-mail:** _____

Broker/Agent Signature: _____

Property Description: **683 Queens Harbour Boulevard, Jacksonville Florida**

BROKER is deemed to EARN a Co-Op REFERRAL FEE of up to two and one-half percent (2.5%) of Final Hammer Price if all the following conditions have been met:

- (i) Broker or Broker's agent registers the above named Client via Fax, Email, or In-Person prior to the auction with Auctioneer 24 hours in advance of Auction –FAX | 603-415-8745.
- (ii) Client is NOT registered with any other Broker/Agent.
- (iii) Broker/Agent shows the property to Client PRIOR to the Live Auction.
- (iv) Broker/Agent attends the auction with or for the Client and represents Client during Escrow Period.
- (v) Broker/Agent may not act as principal in this transaction, unless disclosure is made in advance of auction.
- (vi) Client complies with all terms and conditions of the Live Auction sale, is the Successful Highest Bidder on the Auction property, and closes on the Auction Property within the time limits defined in the Terms of Sale.

Auctioneer acknowledges receipt of above referral.

Received by: _____ **Date:** _____

Broker/Agent must receive Fax acknowledgement from Auctioneer indicating Auctioneer's actual receipt. It is the Broker/Agent's responsibility to ensure proper transmission and receipt of this form.

