



CONJUNCTIONAL / **REFERRAL AGREEMENT**

(Please mark the applicable box)

The Real Estate Institute
of Queensland
Accredited Agency

Date of Agreement:

LISTING AGENCY DETAILS

Agency Name:

Contact Name:

Address:

Email:

Contact No.:

BUSINESS DETAILS

Business Name:

Address:

Listing Agent's Negotiated Fee:

CONJUNCTING or REFERRING AGENCY DETAILS

Agency Name:

Contact Name:

Address:

Email:

Contact No.:

PROSPECTIVE BUYER DETAILS

Name:

Address:

CONJUNCTIONAL ARRANGEMENT

Fee Split: Listing Agent %

Conjuncting or Referring Agent %

Payment of the above Negotiated Fee shall be made to the conjuncting /referring agent within seven days of monies being received by the listing agent .

Listing Agent's Signature: Date:

Conjuncting or Referring Agent's Signature: Date: