



Transaction Coordination Payment Agreement

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|----------------------------------|---|
| Referring Date | ____ / ____ / ____ |
| Referring Agent | _____ |
| Agent Telephone Number | (____) ____ - ____ |
| Agent Email Address | _____ |
| Brokerage Name | _____ |
| Brokerage Address | _____ |
| Transaction Coordination Company | _____ |
| Agent Email Address | _____ |
| Address | _____ |
| Phone Number | (____) ____ - ____ |
| Referral Amount | _____ |
| Client Name(s) | _____ |
| Client Phone Number | (____) ____ - ____ |
| Client Email Address | _____ |
| Client Address | _____ |
| Property Address | _____ |
| Agreement Details | <p>By Signing this agreement Referring Agent authorizes My Coordinator to have access to Dotloop, Green Sheets & other office processing systems to efficiently manage and coordinate this file. Agent also authorizes My Coordinator to order Title Reports, Home Inspections, CCR's, Plat Maps, Home Warranty, and any other documents needed to efficiently manage and coordinate this file. Above fee shall be paid to My Coordinator out of agents commissions at time of closing by Referring Agents Title Company. This form shall serve as notice to said title company that referring agent authorizes this fee.</p> |
| | Please sign below. |
| Referring Agent | _____ |
| Processing Agent | _____ |