



Stash Referral Group LLC

1200 Route 22, Suite 2000

Bridgewater, NJ 08807-2943

Phone: 908.490.8866

REFERRAL ACCEPTANCE FORM
Return fully executed form to Stash Referral Group LLC

Date: _____

Buyer [] Seller [] If referring client as both buyer and seller, complete a separate referral form for each side.

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:
Negotiated Referral Fee _____ %. The minimum Stash Referral Group LLC referral fee on all closed transactions is 25%.

Of the check amount received by Stash Referral Group LLC on the referred side, 60% of the Referral Fee to be paid to the SRG Referral Associate, 40% to Stash Referral Group LLC.

Stash Referral Group LLC Associate Signature Date

Sales Associate Signature Date

Print Name

Print Name

Home Address _____

Office Name/Address _____

Phone No. _____

Phone No. _____

TAX ID # 88-0781036

Sales Associates: Please return signed copy to Stash Referral Group LLC Associate
SRG Associate: Please return signed copy to Stash Referral Group LLC at 1200 Route 22, Suite 2000, Bridgewater, NJ 08807-2943 or scan to stashreferralgroup@gmail.com