



PROPERTY MANAGEMENT REFERRAL PROGRAM

\$100 Paid for 1-4 units

\$200 Paid for 5-10 units

\$500 Paid for 11+ units

The undersigned Sales Associate hereby refers the client identified below to ALL COUNTY® for property management services. I understand that my referral fee will be mailed upon an effective signed lease agreement or within 30 days of rent collection. I also understand that the referral fee will be mailed to the broker/real estate company listed below.

Please fax to 817-567-2501 or email to contact@AllCountyGroup.com

Please contact the following client for property management services:

Potential Client Name: _____

Phone Number / E-Mail address: _____

Property: _____

Please use the following information to send my referral fee:

Sales Associate Name: _____

Phone and Email: _____

Broker Name: _____

Company Name: _____

Company Address: _____

Company Phone: _____

Sales Associate Signature: _____ Date ____/____/____

For office use only:

Property manager assigned: _____

Property management agreement signed on ____/____/____

Referral fee mailed on ____/____/____ in the amount of \$_____.

Property was referred back to the above real estate office on ____/____/____ to above agent for purchase or sale.