REFERRAL FEE AGREEMENT

IDENTIFICATION OF PERSONS AND ENTITIES:

REFERRING BROKER: 123 Mich Holding LLC

REFERRING AGENT (if any): _____

Address 17400 Beechwood Ave, Beverly Hills, MI 48025

Phone 313-850-4333 Fax 313-887-6431 E-mail info@123MichHolding.com

RECIPIENT BROKER: _____

RECIPIENT AGENT (if any): _____

Address _____

Phone _____ Fax _____ E-mail _____

PERSON BEING REFERRED: _____

Address _____

Phone _____ Fax _____ E-mail _____

AGREEMENT:

In consideration for receipt of the referral of Person Being Referred from Referring Broker, Recipient Broker agrees to pay Referring Broker as follows: _____% of the total gross compensation earned by Recipient Broker (based upon the Person Being Referred's side of the transaction), OR $_____, payable (through escrow, if used in Person Being Referred's transaction) within five (5) business days of the closing of the transaction resulting in the commission:

- ☐ Buys _____
- ☐ Sells _____
- ☐ Leases _____
- ☐ Other _____

Date: _____

REFERRING BROKER:
123 Mich Holding LLC
(Brokerage firm name)

By _____
(Signature)

_____
(Print Name)

Date: _____

RECIPIENT BROKER:
_____
(Brokerage firm name)

By _____
(Signature)

_____
(Print Name)