



**REFERRAL ACKNOWLEDGEMENT**

IRC Referral Agent: \_\_\_\_\_

Your Phone Number: \_\_\_\_\_

Referring Broker : **INDEPENDENT REFERRAL CONSULTANTS, INC.**  
**3 S. Main St., Suite 8, PO BOX 246, Allentown NJ 08501**  
**609-758-1500 | Tax ID #22-3179569**

Receiving Agency: \_\_\_\_\_

Selected Salesperson: \_\_\_\_\_

Office Address: \_\_\_\_\_

Office Phone #: \_\_\_\_\_ Fax: \_\_\_\_\_

Referred Client Name: \_\_\_\_\_

Referred Client Address: \_\_\_\_\_

\_\_\_\_\_

Referred Client Phone #: \_\_\_\_\_

Upon closing, the undersigned Receiving Agency hereby agrees to pay **INDEPENDENT REFERRAL CONSULTANTS, Inc** a \_\_\_\_\_ % referral fee based on the total commission received by Receiving Agency on the action side referred for the above named Listing Client or Purchasing Client. (Check one)

\_\_\_\_\_  
Signature: Referring IRC Agent

\_\_\_\_\_  
Signature: Receiving Broker/Manager

Dated: \_\_\_\_\_

\_\_\_\_\_  
Signature: Selected Salesperson