

[TO BE USED IF CLIENT DECLINES DUAL AGENCY]
NOTICE OF REFERRAL FEE

Client(s): _____

Client(s): _____

Broker: _____

Designated Agent: _____

Alternate Designated Agent: _____

The above client(s) hereby decline(s) dual agency representation and consent(s) to the appointment of an Alternate Designated Agent. Client(s) acknowledge(s) notice of a referral fee payment by the Alternate Designated Agent to the above-named Designated Agent.

Client

Client

Date: _____

Date: _____