

## Realtor Referral Program

To help serve you and your client with maximum efficiency, please complete this form and fax it to: 604-984-7323. All forms must be received **within 30 days** of placing the Tenant.

Unique Accommodations agrees to pay the Referral Partner one of the following amounts:

Lease Amount	Unfurnished Referral Fee	Furnished Referral Fee (3 month term or more)
Under \$2,000	\$100.00	\$50.00
Over \$2,000 - \$3,000	\$150.00	\$75.00
Over \$3,000 - \$5,000	\$250.00	\$125.00
Over \$5,000 - \$7,000	\$350.00	\$175.00
Over \$7,000 - \$10,000	\$500.00	\$250.00
Over \$10,000 - \$15,000	\$750.00	\$375.00
Over \$15,000	\$1,000.00	\$500.00

\*Discretionary amount of referral fee to be determined for rentals less than 3 months.

### REFERRAL

Date: \_\_\_\_\_

Referring Partner: \_\_\_\_\_

Company: \_\_\_\_\_

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

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

### CLIENT INFORMATION

Client's Name: \_\_\_\_\_

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

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

### SIGNATURE AND ACKNOWLEDGEMENT

The undersigned acknowledges receipt of this Disclosure of Remuneration

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Referral Partner Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Unique Accommodations

\_\_\_\_\_  
Date

### CONFIRMATION

Move-In Date: \_\_\_\_\_

Authorized by Unique Accommodations

Property ID#: \_\_\_\_\_

\_\_\_\_\_