



REALTOR® REFERRAL PROGRAM
ASSOCIATION MANAGEMENT REFERRAL AGREEMENT

REFERRING FIRM INFORMATION

Firm Name: _____ License #: _____
Agent Name: _____ License #: _____
Firm Street Address: _____
City: _____ State: _____ ZIP: _____
Email: _____
Phone: _____

RECEIVING FIRM INFORMATION

Spaces Realty, LLC
P.O. Box 1400
Tuscaloosa, Alabama 35403
205-750-2260
reception@spacesmanagement.com

POTENTIAL CLIENT INFORMATION

Client Name: _____
Association Name: _____
City: _____ State: _____ ZIP: _____
Email: _____
Phone: _____

COMPENSATION AND PAYMENT

Spaces will pay a referral fee of 100% of the first month’s management fee for any homeowner or condominium association referred that signs a 24-month or longer contract.

EACH FIRM REPRESENTS THAT IT HAS AN ACTIVE REAL ESTATE LICENSE AS OF THE DATE OF THIS AGREEMENT

Referring Agent: _____ Receiving Firm: Spaces Realty, LLC
By: _____ By: _____
Date: _____ Date: _____