

The W.J.T. Group, Inc

P.O. Box 3178, Placida FL 33946

Phone : 941-258-6922

Kevin@kevinflynnrealty.com

NEW REFERRAL AGENT

REFERRING AGENT INFORMATION TO BE COMPLETED BY AGENT

Your Name: _____

Your Address: _____

City, State, Zip, Country: _____

Your Home Phone: _____ Your Cell: _____ Your Fax: _____

Your Email: _____ Your Date of Birth (mm/dd/yyyy): _____

Your Licence No: _____ License Expiration Date (mm/dd/yyyy): _____

Note: Although not required now, proof of SSN will be required prior to referral payments.

Agent Information Acknowledgement

I hereby confirm, receipt of Referring Agent's details as provided by Referring Agent.

Whilst Referring Agent remains Current / Active with the DBPR, The WJT Group, Inc will honour the agreement to pay 33% of commission for referrals given to The WJT Group, Inc by the above named Agent at Closing.

KEVIN FLYNN
Broker of The WJT Group Inc

DATE

Please Email / Fax / Mail a copy to our address above