



OUR *Passion* YOUR *Home*



FLAT FEE OF \$20,000 PAID TO ALL LICENSED REAL ESTATE AGENTS ON ALL TOWNHOMES

REFERRING AGENT INFORMATION:

Real Estate Company Name: _____ Agent Name: _____

Address: _____ City: _____

Email: _____ Cell#: _____

REFERRED CLIENT INFORMATION:

Client Name: _____ Cell#: _____

Address: _____ City: _____

Email: _____

ROSEHAVEN PURCHASE DETAILS:

Community Name: **SIMCOE WOODS** Location: **Innisfil, ON**

Lot # & Street Name: _____ Model Name & Elev.: _____

Final Accepted Purchase Price: _____ Scheduled Closing Date: _____

Client Referred: _____ Signature _____ Date _____

Referring Agent: _____ Signature _____ Date _____

Rosehaven Representative: _____ Signature _____ Date _____

Rosehaven Homes A.S.O.: _____ Signature _____ Date _____

IMPORTANT NOTES:

1. Referral Fee Payable is a Flat Fee
2. It is agreed the Vendor shall pay the above referral fee directly to the Brokerage, 50% 30days after APS is firm & 50% 30 days after successful closing
3. Referring Real Estate Agent must personally introduce their client(s) to the Rosehaven Sales Representative and complete this form at the time of introduction, and attach to agreement.
4. Any Real Estate Agent's client who have already registered at the Rosehaven Presentation Centre listed above prior to this introduction are not eligible for a referral.
5. The referral fee cannot be combined with any other "referral program," offered (i.e. Loyalty Program).



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FLAT FEE OF \$30,000 PAID TO ALL LICENSED REAL ESTATE AGENTS ON ALL SINGLE DETACHED LOTS

REFERRING AGENT INFORMATION:

Real Estate Company Name: _____ Agent Name: _____

Address: _____ City: _____

Email: _____ Cell#: _____

REFERRED CLIENT INFORMATION:

Client Name: _____ Cell#: _____

Address: _____ City: _____

Email: _____

ROSEHAVEN PURCHASE DETAILS:

Community Name: **SIMCOE WOODS** Location: **Innisfil, ON**

Lot # & Street Name: _____ Model Name & Elev.: _____

Final Accepted Purchase Price: _____ Scheduled Closing Date: _____

Client Referred: _____ Signature _____ Date _____

Referring Agent: _____ Signature _____ Date _____

Rosehaven Representative: _____ Signature _____ Date _____

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