



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 succesful 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 _____

Rosehaven Homes A.S.O.: _____

Signature _____ Date _____

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