



RE/MAX CENTER REFERRAL PAYMENT PROCESSING FORM

RE/MAX Center Agent: _____ Date: _____

REFERRAL PROPERTY INFORMATION

Street Address _____

City _____ State _____ Zip: _____

AGENT'S COMMISSION INFORMATION

Agent Commission Total: \$ _____

Other Miscellaneous Deductions:

Children's Miracle Network: _____

RMCR Office Fees: _____ Invoice # _____

70/30 Commission Program: _____

Other: \$ _____ To/For _____

Net Check: _____

Notes: _____

STAPLE CHECK HERE

- 1- Fill out form and staple check to this section
- 2- Place paperwork in the New Business Box located in Tech Area.

This form is to be used only to process referrals paid to RE/MAX Center Agents