



# RE/MAX Realty Centre Commission Disbursement Request

MRIS# \_\_\_\_\_

Property Address \_\_\_\_\_  
\_\_\_\_\_

Listing

Rental

Sale

Referral

Settlement Date \_\_\_\_\_

Buyer's Name \_\_\_\_\_

Seller's Name \_\_\_\_\_

Source of Business Website Lead Street Print Ad. Referral Open house Sign call Other \_\_\_\_\_

Settlement Attorney \_\_\_\_\_

Office # \_\_\_\_\_

Lender \_\_\_\_\_

Office # \_\_\_\_\_

Sale Price \_\_\_\_\_

Cooperating Agent \_\_\_\_\_

Company \_\_\_\_\_

Phone # \_\_\_\_\_

Location \_\_\_\_\_

Circle one

Was this agent professional and honest during your transaction?

Yes      No

Would this agent be a good addition to our office?

Yes      No

If this agent called you about our office, would you be willing to talk to him/her about the benefits of working with our company?

Yes      No

Checks Received

Amount

Check #

\_\_\_\_\_  
\_\_\_\_\_

Would you like to contribute to Children's Miracle Network?

Yes      No

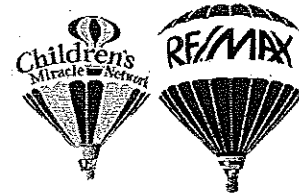
Associates Name

Gross Commission

Plan

Amount \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



Donations to CMN go directly to Children's Hospital in DC

Referral Agent \_\_\_\_\_

Company \_\_\_\_\_

Tax ID \_\_\_\_\_

Address \_\_\_\_\_

Referral Amount \_\_\_\_\_

Would you like us to send the check to the referral agent?

Yes \_\_\_\_\_ No \_\_\_\_\_

Do you want funds from this transaction to go towards your bill?

Yes / No      Amount \$ \_\_\_\_\_

Funds from this transaction to credit towards your agent account

Yes / No      Amount \$ \_\_\_\_\_

Do you want funds from this transaction to go towards your 401K?

Yes / No      Amount \$ \_\_\_\_\_