



The Orchid at Mauna Lani Office
The Fairmont Orchid Hotel
One North Kaniku Drive
Kohala Coast, Hawaii 96743

Date: _____

REFERRAL AGREEMENT

_____ hereby accept(s) the referral of

From _____

TMK: _____

Address: _____

In the event a transaction _____

A referral fee will be paid to _____

As follows: _____

Agent/Company **Date**

Broker-In-Charge **Date**
For Company making referral

Agent/Company **Date**

Broker-In-Charge` **Date**
For Company receiving referral