



Client Registration
For All Referral and Co-Op Transactions

Date: _____

Client(s) Name: _____

Referring Agent Name: _____ Agent Id: _____

Brokerage Name: _____ Tax Id #: _____

Address: _____
(Street Address) Suite or Unit# City State Zip Code

Phone: _____

Fax: _____

Pursuant to the terms of that certain Brokerage Registration and Co-Op agreement between the above named brokerage and Rent Smart America, Inc., I hereby refer the above named client(s) as a:

___ Referral Client. Rent Smart agents shall conduct all showings.
Rent Smart shall perform all processing.
(25% of 1-month's rent compensation paid less \$95).

___ Co-Op Client. Co-Op Broker's agent shall request showing by Rent Smart agent and shall accompany client to all showings.
Rent Smart shall perform all processing.
(50% of 1-month's rent compensation paid less \$95).

Signature of Referring Agent

ACCEPTED:

Managing Broker, Rent Smart America, Inc.

www.RentSmartChicago.com

1.800.262.5314

www.SmartPropertyUSA.com

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Chicago IL 60660

1900 W Chicago
Chicago IL 60622

2000 S Michigan
Chicago IL 60616

3329 N Broadway
Chicago IL 60657

3700 N Ashland
Chicago IL 60613