Park Central, Inc. Referral Associate Application

Referral Applicant Information

Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Email: _____

Primary Phone: _____

Cell Phone: _____

Fax Number: _____

Tax Payer ID/SSN: _____

Date of Birth: _____

Applicant's License Information

License Type: ☐ Sales ☐ Broker

License Number: _____

Expiration Date: _____

License Status: ☐ Active ☐ Inactive ☐ New

License State: _____

Broker Holding License: _____

Address: _____

State: _____ Zip: _____

Phone Number: _____

Fax Number: _____

Applicable Fees

Initial Brokerage Fee: $75.00 (one-time, non-refundable)

Payable To: Park Central, Inc.

Paid By: ☐ Check # _____ ☐ Other _____

License Transfer Fee: $10.00

Payable To: Indiana Professional Licensing Agency

Paid By: ☐ Check # _____ ☐ Other _____

Annual Brokerage Fee:	$75.00*
* Annual Brokerage Fee may be waived for the following year, upon compensated referral activity during the present year of Association.	

Typical Referral Fee:	25% of referred side commission
Referral Associate Compensation:	50% of referral fee received

Conditions of Association

I understand that receipt of this application does not imply I will enter into an Independent Contractor Agreement with the Broker. If an agreement is entered into with the Broker, it is specifically understood, and it is the express intention of the parties, that the position and status of Referral Associate shall be that of an Independent Contractor and not a partner, employee or servant of Broker in all dealings and relationships. Additionally, an Independent Contractor Agreement shall be executed.

I hereby affirm that my statements and answers to all questions on this application are true and correct.

I hereby grant permission to Park Central, Inc., to verify any of the information included in this application, and I agree to cooperate in such verification and release from liability or responsibility all persons, organizations, companies and corporations collection and supplying such information together with any other information they may have regarding me whether or not it is their records.

Applicant Signature: _____ Date: _____