

**Richard T Kiko Agency Inc.**  
**Auction Buyer Referral Policy**

Effective August 12, 2024

TERMS OF REFERRAL AGREEMENT between the Richard T Kiko Agency, Inc. ("KIKO") and referring Broker are as follows:

1. Referral FEE shall be paid as offered on this document for this specific auction only.  
1 % of purchase price or a flat fee of \$ N/A.
2. **This form letter must be received by KIKO at a minimum of 48 hours prior to the time and date of the auction or it will not be valid.**
3. Potential BUYER must sign the legible and fully completed referral form or it will not be valid.
4. This is a referral fee only; KIKO does not authorize or permit any agency representation to be created between KIKO and the referring Broker.
5. **If a potential buyer makes contact with a KIKO Agent, associate or office, regarding the subject property prior to KIKO receiving a fully executed referral form, KIKO will NOT pay a referral fee.**
6. Referred Buyer must register as a bidder and be present at auction.
7. Referred Buyer must make final accepted bid, sign purchase agreement, and close the transaction to entitle referring agent to referral fee.
8. The referring agent is not required to be present at auction.
9. **All parties understands that broker fees and commissions are not set by law and are fully negotiable, and may be paid by seller, the buyer, the landlord, the tenant, or a third party, or by sharing or splitting the fees and commissions between brokers.**

**LETTER OF REFERRAL**

**RICHARD T KIKO AGENCY INC. REAL ESTATE AUCTION SALE**

**Must be legible and completed in its entirety or will be VOID**

REAL ESTATE COMPANY NAME: \_\_\_\_\_

STREET: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE & ZIP: \_\_\_\_\_ PHONE: \_\_\_\_\_

AGENT'S NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

REFERRED BUYER NAME: \_\_\_\_\_

REFERRED BUYER ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE & ZIP: \_\_\_\_\_

AUCTION DATE: April 24, 2026

AUCTION LOCATION: Luxdsville-Bennett Rd. Belmont, OH

\_\_\_\_\_  
Seller's Signature

\_\_\_\_\_  
Potential Purchasers Signature

\_\_\_\_\_  
Referring Agent's Signature

\_\_\_\_\_  
Referral Agent's Signature

Please fax to (330) 453-1765 or email PDF to: [kiko@kikocompany.com](mailto:kiko@kikocompany.com)

Questions please call Office: (330) 453-9187

KIKO USE ONLY: Date & Time Received \_\_\_\_\_