

## **BROKER COMPENSATION AGREEMENT**

For use only by members of the Indiana Association of REALTORS®

Taylor Real Estate Specialists		pecialists (1	isting Broker
on behalf of	Lisa Taylor		
and			elling Broker
on behalf of		(Sel	ling Licensee
with regard to the following prope	rty:		
Address: 1135 S Meahme Trl, C	rawfordsville, IN 47933		
AGREEMENT: In the event Sell	ing Broker represents a	purchaser who enters into a Purchase Agr	eement which
results in a closing on the abo	ve mentioned property,	Listing Broker agrees to pay Selling Brokelling price, not less than \$ n/a	er as follows
Dollars, payable at closing.			
LISTING BROKER		SELLING BROKER	
T			
Taylor Real Estate Specialists BROKER OR COMPANY NAME		BROKER OR COMPANY NAME	
Lisa Taylor	05/16/24		
ACCEPTED BY: MANAGING BR	OKER DATE	ACCEPTED BY: MANAGING BROKER	DATE
Lisa A. Taylor			
84-3356140			
Tax ID #		Tax ID #	
1701 E Main St.			
Address		Address	
		, idal occ	
Crawfordsville, IN 47933			
City, State, Zip		City, State, Zip	
(765)362-4123			
DI NI I		Phone Number	
Phone Number			
Phone Number  lisa@taylor-res.com  E-Mail Address		E-Mail Address	
lisa@taylor-res.com		E-Mail Address	



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directly to another licensee for licensed activity as it must be paid through the managing broker. (876 IAC 8-1-9).



1135 S Meahme Trl, Crawfordsville, IN 47933

(Property Address)

Fax: