

ACME REFERRAL
NETWORK

Gwyn Besner, Broker
11004 S. Blue Ridge Lane
Traverse City, MI 49684
PH: 800-799-0483 ~ Fax: 888-867-7910

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Thank you for your interest in Acme Referral Network:

This packet of information includes instructions and forms to guide you through the process of license transfer or re-licensure.

There are three ways to transfer your real estate sales license in Michigan:

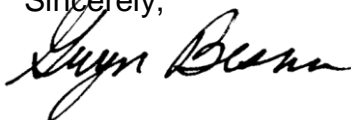
1. If you have your **original** wall license from your current broker, send it to Acme Referral Network, with the transfer application enclosed in this packet. This **must be** your original wall license, a photocopy will not be accepted. Make certain that all the information is complete and that you have signed the transfer form, **leaving the effective date of transfer** line blank.
2. If you do not have your **original** wall license, your current broker must be contacted and instructed to send your wall license back to the State of Michigan. The transfer process can **only** begin after the State of Michigan has received your original wall license.
3. Your license may be in **lapsed** status with the State of Michigan if
 - a. You currently do not have an active license
 - b. You have not held an active license with either an active broker or a referral company within the past year.If this is the case, you will need a **re-licensure** application, not a transfer form. This form is included in this packet.

Be sure to read through all the instructions and the check list before beginning the process of transferring your license to Acme Referral Network.

Return all your required paperwork to:

Acme Referral Network
11004 S Blue Ridge Lane
Traverse City, MI 49684

Sincerely,



Gwyn Besner, Broker

ACME REFERRAL NETWORK

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Independent Contractor Referral Agreement


For an annual payment of \$60.00 from the referral agent to Acme Referral Network (the "company") the parties agree as follows:

1. The company shall provide the six (6) hours of continuing education required to renew the referral agent's real estate license.
2. The referral agent shall pay the \$60.00 annual membership fee on the date of joining the company. This shall be the agent's anniversary date. Each year, on your anniversary, \$60.00 is required to have Acme Referral Network continue to hold your license.
3. Upon the closing of a transaction on a referral from the referral agent, the company shall pay to the referral agent a fee of 75% of the amount the company receives.
4. The referral agent agrees that the licensee's pocket card shall remain in the possession of the company. Further, the referral agent shall hold a valid State of Michigan real estate sales license.
5. The referral agent **shall not** for compensation or valuable consideration sell or offer to sell, buy or offer to buy, provide or offer to provide a market analysis, list or offer to list or attempt to list, to negotiate the purchase or sale or exchange or mortgage of real estate, or to negotiate for the construction of a building on real estate, or to lease or offer to lease, rent or offer to rent real estate to others as a partial or whole vocation. If the referral agent wishes to sell or purchase a home, it shall be done as a referral through the company.
6. The referral agent shall generate qualified real estate referrals exclusively for the company with the understanding that the company shall have the sole discretion to assign the referral to any agent of the company's choice. "Qualified real estate referral" is defined as obtaining permission from a client/customer to have an agent contact them. The referral agent shall provide the name, address, phone number, reason for relocating and any other pertinent family or business information about the client/customer.
7. Any business cards or supplies shall be paid for by the referral agent. All cards, stationery, promotional material, or advertising must be approved by the company.
8. The referral agent shall be solely responsible for reporting and paying all federal, state, and local income taxes.

9. The company shall promptly assign an agent upon the referral from the referral agent.
10. The referral agent shall conduct their business practices and serve the public in a fair, honest, open and ethical manner.
11. Either party may terminate this agreement at any time with or without cause and without prior notice to the other party. Any referral fee collected from referrals generated by the referral agent will be paid to the referral agent, even if the closing occurs after the referral agent is no longer associated with the company.
12. Both parties agree that this agreement is the complete agreement between them and that there are no other written or oral agreements.

Signed this _____ day of _____, 20__.

Referral Agent



Broker

ACME REFERRAL NETWORK

Gwyn Besner, Broker
11004 S. Blue Ridge Lane
Traverse City, MI 49684
Ph: 800-799-0483 Fax: 888-867-7910

LICENSE TRANSFER CHECKLIST

(Be sure to include all the items on this checklist to avoid any delay in the process)

- Completed and **SIGNED** transfer form.
- Wall license. (If license has already been sent to the State of Michigan, indicate that information in the box provided on the back of the transfer form)
- As a special offer, Acme Referral Network will pay the \$10.00 transfer fee through December 31, 2008.** After December 31, 2008, please enclose a check made payable to ***The State of Michigan*** for \$10.00
- Enclose a check made payable to Acme Referral Network for \$60.00 for your Annual Membership Fee.
- A **signed** Acme Referral Network contract. **Make sure to make a copy for your records.**
- A completed W-9 Form which is included in the packet**

Thank you.

All paperwork is to be sent to:

Acme Referral Network
11004 S Blue Ridge Lane
Traverse City, MI 49684



Bureau of Professional Licensing
 PO Box 30670 • Lansing, MI 48909
 Telephone: (517) 241-9288
www.michigan.gov/bpl
BPLHelp@michigan.gov

REAL ESTATE ASSOCIATE BROKER OR SALESPERSON LICENSE TRANSFER APPLICATION OR EMPLOYING BROKER NOTIFICATION

Authority: 1980 PA 299, MCL 338.3434a

Name (First, Middle, Last)			Permanent I.D. Number (if applicable)	
Address		City		
State	ZIP Code	Telephone Number	Last 4 digits of U.S. Social Security Number	
Ending date of employment with previous employing broker:		E-mail Address		
NEW EMPLOYING BROKER INFORMATION				
Name of New Employing Broker (as shown on Broker's license) DO <u>NOT</u> USE DBA, Associate Broker or Branch Office.			Broker Permanent I.D. Number	
Address		City	State	Zip Code
CERTIFICATION (BOTH MUST SIGN)				
I certify I have provided written notification of termination of employment with my previous employing broker.				
I certify that the statements in this document are true and complete. I understand that any omitted statement, misrepresentation, or fraud may be cause for denial of my application, disciplinary action, or may be punishable by law. I agree the Department is required by law to obtain my social security number pursuant to MCL 338.3434a.				
_____			_____	
Signature			Date	
I certify this applicant will be employed by the Real Estate Broker stated above.				
_____			_____	
Employing Broker's Signature			Date	
CHECK THE LICENSE TYPE			FOR OFFICE USE ONLY	
Transfer of License OR Reissue of License in Same Three-year Licensing Cycle	\$10.00	6501-33	License Number	Issue Date
Employing Broker Notification (For use by a new online salesperson applicant who <u>did not</u> designate an employing broker & has not yet been issued a license – form can be faxed to (517) 241-0035.)	\$0.00			
Make your check or money order in US Currency payable to:				
STATE OF MICHIGAN				
FEES ARE AUTHORIZED BY THE STATE LICENSE FEE ACT, 1979 PA 152, AND ARE NOT REFUNDABLE.				

REAL ESTATE SALESPERSON RELICENSURE APPLICATION (This Form Should Not Be Used For License Renewal)

Authority: 1980 PA 299, MCL 338.3434a

Name (First, Middle, Last)		Date of Birth	U.S. Social Security Number	
Address		City	State	ZIP Code
Permanent I.D. Number	Telephone Number		E-mail Address	
EMPLOYING BROKER INFORMATION				
Individual or Company Broker Name			Broker Permanent I.D. Number	
Address		City	State	ZIP Code
I have the ability and will serve the public in a fair, honest and open manner. If I have had a judgment of guilt in a criminal proceeding or a civil action against me, I am rehabilitated or the substance of my former offense is not reasonably related to the occupation or profession for which I am seeking a license. <input type="checkbox"/> Yes <input type="checkbox"/> No				
Do you have any unsatisfied penalties or conditions imposed by disciplinary action in this state or any other jurisdiction? <input type="checkbox"/> Yes <input type="checkbox"/> No				
CHECK THE LICENSE/REGISTRATION TYPE			FOR OFFICE USE ONLY	
Relicensure - If applying between 7/2/2018 - 10/31/2019	\$108.00	6501-06 = \$78.00 6501-15 = \$15.00 6501-16 = \$15.00	License Number	Issue Date
Relicensure - If applying between 11/1/2019 - 10/31/2020	\$82.00	6501-06 = \$62.00 6501-15 = \$10.00 6501-16 = \$10.00		
Relicensure - If applying between 11/1/2020 - 7/1/2021	\$56.00	6501-06 = \$46.00 6501-15 = \$ 5.00 6501-16 = \$ 5.00		
Real Estate Licenses expire on 10/31/2021				
Make your check or money order in U.S. Currency payable to: STATE OF MICHIGAN				
FEES ARE AUTHORIZED BY THE STATE LICENSE FEE ACT, 1979 PA 152, AND ARE NOT REFUNDABLE.				

BPL/RESPRELIC (Rev. 09/18)

The Department of Licensing and Regulatory Affairs will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability, or political beliefs. If you need assistance with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.

Applicants whose license has been expired for **MORE** than 3 years, must choose one of the following:

Exam: Department will notify you when to schedule your examination. Contact the Department upon passing the exam.

Submit a copy of approved 40-hour prelicensure course completion certificate.

Submit proof of completion of six (6) hours of real estate continuing education for each year and partial year missed. At least 2 hours per year must involve laws, rules, and court cases regarding real estate.

Applicants whose license has been expired for **LESS** than 3 years:

- Must complete six (6) hours of real estate continuing education for each year and partial year missed since the expiration date of the license pursuant to MCL 339.2502a(4). At least 2 hours per calendar year must involve laws, rules, and court cases regarding real estate. **Do not submit** completion certificates; they must be retained for at least 4-years. The licensee shall produce the record that contains that evidence at the request of the department.

Required Additional Documents

- Non-Michigan residents must submit a Consent to Service of Process. (This form may be found under License Applications & Forms at www.michigan.gov/realestate.)

APPLICANT'S CERTIFICATION

I certify that the statements in this document are true and complete. I understand that any omitted statement, misrepresentation, or fraud may be cause for denial of my application, disciplinary action, or may be punishable by law. I agree the Department is required by law to obtain my social security number pursuant to MCL 338.3434a. Further, if I am applying for relicensure and sign below, I certify that I have completed the required number of continuing education hours pursuant to MCL 339.2502a.

Applicant's Signature

Date

EMPLOYING BROKER'S CERTIFICATION

I certify this applicant will be employed by the Real Estate Broker noted above.

Jwyneth Besner

Employing Broker's Signature

Date

ACME REFERRAL NETWORK

Gwyn Besner, Associate Broker ~ 11004 S Blue Ridge Lane
Traverse City, Michigan 49684
Ph: 800-799-0483 Fax: 888-867-7910

Referral Acknowledgment & Acceptance Confirmation

Destination Broker: _____

Fax Number _____

Referral Type **Buying** **Selling** _____

Name of Client: _____

Referred by: _____

Address of Client: _____

Phone Numbers: Daytime: _____ **Evening** _____

Assigned Agent: _____

The undersigned agrees to the following when servicing a referral from Acme Referral Network, LLC

(A) We will abide by all applicable laws including the Fair Housing Act and provide service to any person without regard to age, race sex color religion or national origin.

(B) In the event a sale results from this referral within a period of 24 months of origination date, we agree to pay Acme Referral Network 25% of the referred portion of the commission (i.e. listing or selling side).

(C) In the event we cannot satisfy the customer's needs, we will return the referral to the sender and will not further refer the customer to another broker without prior consent of Acme Referral Network, LLC.

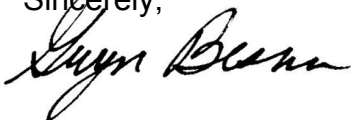
I hereby agree to the terms of the referral agreement.

Destination Broker or authorized signatory: _____

Date: _____ Please sign and return by fax to

Acme Referral Network, LLC

Sincerely,



Gwyn Besner, Broker

Please include a copy of this form with the referral check, thanks.

Request for Taxpayer Identification Number and Certification

**Give Form to the
requester. Do not
send to the IRS.**

Print or type See Specific Instructions on page 2.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification; check only one of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ^a _____ Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner. <input type="checkbox"/> Other (see instructions) ^a _____	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i>
	5 Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
	6 City, state, and ZIP code	
	7 List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Social security number <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> </table>													Employer identification number <table style="width: 100%; border-collapse: collapse; text-align: center;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;">2</td> <td style="border: 1px solid black; width: 20px; height: 20px;">0</td> <td style="border: 1px solid black; width: 20px; height: 20px;">-</td> <td style="border: 1px solid black; width: 20px; height: 20px;">8</td> <td style="border: 1px solid black; width: 20px; height: 20px;">3</td> <td style="border: 1px solid black; width: 20px; height: 20px;">9</td> <td style="border: 1px solid black; width: 20px; height: 20px;">4</td> <td style="border: 1px solid black; width: 20px; height: 20px;">2</td> <td style="border: 1px solid black; width: 20px; height: 20px;">7</td> <td style="border: 1px solid black; width: 20px; height: 20px;">9</td> </tr> </table>	2	0	-	8	3	9	4	2	7	9
2	0	-	8	3	9	4	2	7	9														

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign Here	Signature of U.S. person ^a	Date ^a
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/fw9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding? on page 2.

By signing the filled-out form, you:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
- Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.