



ERA Martin & Associates

Main Office

159 E Main St.
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fax: 740/774-4502
E-mail: info@eramartin.com

Other Locations

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Washington CH, Ohio
43160
ph: 740/636-0393
fax: 740/636-0394

11 S. Main St
Frankfort, OH 45628
ph: 740/998-4021
fax: 740/998-4712

118 E. Main St
Circleville, Ohio 43113
ph: 740/420-9102
fax: 740/420-9202

1024 Hunter St
Logan, Ohio 43138
ph: 740/380-2000
fax: 740/380-2100

1305 S. Pennsylvania Ave.
Wellston, Ohio 45692
ph: 740/384-5177
fax: 740/384-6595

www.ERA.com

ERA Martin and Associates Real Estate Broker Consent Agreement

Broker Consent Agreement Between: _____
(the "Managing/Employing" Broker Name) and ERA Martin and Associates. As
Managing/Employing Broker (the "Broker), I agree to allow
_____, Associate, to receive a bonus in the amount
of \$10,000 should his/her name be drawn from the entries in the ERA Martin &
Associates 10K Award Program.

As Broker, I understand that such a bonus would be in the form of a check
payable to me or my company, as appropriate in the Ohio Real Estate Com-
mission Rules and Regulations, which I hereby agree to disburse in full to the
above named Associate.

Managing/Employing Broker (Print)

Broker's Signature

Broker License Number

Date

Associate's Acknowledgement

I hereby represent to ERA Martin & Associates that I am actively licensed in
the State of Ohio by the Ohio Real Estate Commission, and further, that I am
associated with the above named Managing/Employing Broker as an Associ-
ate.

Associate Name (As it is printed on your license)

License Number

Associate Home Mailing Address

Contact Number

Address of 10K Property Sold

Associate's Signature/Date

