

**REFERRAL AGREEMENT**

**REFERRING FIRM INFORMATION:**

Firm Name: \_\_\_\_\_ License# \_\_\_\_\_  
Agent Name: \_\_\_\_\_ License# \_\_\_\_\_  
Firm Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**RECEIVING FIRM INFORMATION:**

Firm Name: \_\_\_\_\_ License# \_\_\_\_\_  
Agent Name: \_\_\_\_\_ License# \_\_\_\_\_  
Firm Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**PROSPECT INFORMATION:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

The Prospect  is  is not aware of the Referral. (Note: The rules of the North Carolina Real Estate Commission require the Referring Firm to disclose to the Prospect that payment may be received.)

**INFORMATION/NOTES:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**COMPENSATION:** In consideration of the referral of Prospect, Receiving Firm shall pay Referring Firm as indicated below [insert "N/A" in blanks not used]:

- \_\_\_\_\_% of the monetary compensation (including but not limited to any commission, bonus or other consideration of more than nominal value) received by Receiving Firm (or any of its agents) as listing agent for a closing on the sale of Prospect's property occurring on or before (insert date) \_\_\_\_\_.
- \_\_\_\_\_% of the monetary compensation (including but not limited to any commission, bonus or other consideration of more than nominal value) received by Receiving Firm (or any of its agents) as selling agent for a closing on the Prospect's purchase of property occurring on or before (insert date) \_\_\_\_\_.
- Other: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**TIME OF PAYMENT:** Any compensation owed hereunder shall be paid to Referring Firm within \_\_\_\_\_ days of Receiving Firms receipt of the compensation and the Referring Firm's completed W-9.

**EACH FIRM REPRESENTS THAT IT HAS AN ACTIVE REAL ESTATE LICENSE AS OF THE DATE OF THIS AGREEMENT.**

THE NORTH CAROLINA ASSOCIATION OF REALTORS®, INC. MAKES NO REPRESENTATION AS TO THE LEGAL VALIDITY OR ADEQUACY OF ANY PROVISION OF THIS FORM IN ANY SPECIFIC TRANSACTION.

\_\_\_\_\_  
Referring Firm Name

\_\_\_\_\_  
Receiving Firm Name

By: \_\_\_\_\_  
Authorized Representative

By: \_\_\_\_\_  
Authorized Representative

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_