REALTOR®

REFERRAL CONTRACT FORM

DISCLAIMER: Neither the National Association of REALTORS® nor its International REALTOR® Member program enters into mediation or arbitration processes

Date of Referral Agreement: _____

Referring (Source) Broker/Agent

NAME:

COMPANY:

BUSINESS ADDRESS:

BUSINESS CITY:

STATE/REGION/PROVINCE: POSTAL CODE:

COMPANY COUNTRY:

E-MAIL ADDRESS: WEB SITE:

FAX (include country code):

PHONE (include country code):

Receiving Broker/Agent

NAME: Dennis Dwain Ammons Jr.

COMPANY: Coldwell Banker Newton Real Estate

BUSINESS ADDRESS: 203 E Union St

BUSINESS CITY: Morganton

STATE/REGION/PROVINCE: North Carolina POSTAL CODE: 28655

COMPANY COUNTRY: USA

E-MAIL ADDRESS: dwain@ammonsrealestate.com WEB SITE: ammonsrealestate.com

FAX (include country code):

PHONE (include country code): (828) 447-0036

NATIONAL ASSOCIATION of REALTORS® Global

Referral Fee Particulars

In the event Receiving Broker/Agent receives a commission or other payment for services rendered in connection with a real estate transaction consummated involving the Referred Client (see attachment 1) within _____ of the date this Referral Contract is entered into (both parties have signed), Referring Broker/Agent will be entitled to a referral fee*, and Receiving Broker/Agent agrees to pay said referral fee, in the amount of:

❑ _____cash (in _____currency), or

❑ _____percent of the ❑ list price, ❑ sale price, or ❑ lease commission that Receiving Broker/Agent receives in connection with the foregoing.

The parties hereby agree that the referral fee shall be fully paid by the Receiving Broker/Agent no later than _____ business days after the transaction is completed.

❑ Other (describe) _____

_____

_____

**Referral fees may be subject to withholding tax or other forms of taxes in the country in which the transaction takes place. Referring agents should be aware of state, provincial, or local laws in their respective markets with regards to paying referrals.*

Term

This contract will expire on _____(date). If both parties want to cooperate after the expiration date, they will have to execute a new referral contract.

Signatures

_____

Authorized Referring Broker/Agent Date

_____

Authorized Receiving Broker/Agent Date

Attachment 1

CLIENT WORKSHEET

Client Referred

NAME:

ADDRESS:

CITY:

STATE/REGION/PROVINCE: POSTAL CODE:

E-MAIL ADDRESS:

FAX (include country code):

PHONE (include country code):

Client Particulars

Property Needs

Is this property for the client's personal use, or is it intended as an investment?

Does this client own other real property in the destination country?

Referring Broker/Agent Prior Experience with this client

Comments