

REFERRAL AGREEMENT

REFERRING FIRM INFORMATION:

Firm Name: \_\_\_\_\_ License # \_\_\_\_\_
Agent Name: \_\_\_\_\_ License # \_\_\_\_\_
Firm Address: \_\_\_\_\_
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_
Fed. Tax ID# (EIN or SS#, if sole proprietor): \_\_\_\_\_

RECEIVING FIRM INFORMATION:

Firm Name: Carod Properties, LLC License # C15922
Agent Name: Sherkica Miller-McIntyre License # 230151
Firm Address: 1914 J.N. Pease Place Charlotte, NC 28262
Phone: (704) 919-3570 Fax: (704) 919-3571 E-mail: smcintyre@carodproperties.com

PROSPECT INFORMATION:

Name: \_\_\_\_\_
Address: \_\_\_\_\_
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

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 the sale of Prospect's property
[ ] \_\_\_\_\_ % 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 the Prospect's purchase of a property
[ ] Other: \_\_\_\_\_

TIME OF PAYMENT: Any compensation owed hereunder shall be paid to Referring Firm within 10 days of Receiving Firm's receipt of the compensation.



**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

Carod Properties, LLC  
\_\_\_\_\_  
Receiving Firm Name

By: \_\_\_\_\_

By: \_\_\_\_\_  
**Sherkica Miller-McIntyre**

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

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