

Whitewater Realty
PO Box 249
1350 Hwy 281 South
Sapphire, NC 28774
Phone: 828-966-4761 office 828.553.3391 cell, Fax: 480-393-4131

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: WHITewater REALTY DBD WHITewater GROUP, LLC License # _____
Agent Name: DOROTHY SWEARINGEN License # 203134
Firm Address: PO BOX 249 SAPPHIRE, NC 28774
Phone: 828-553-3391 Fax: 480-393-4131 E-mail DOROTHY@NCMOUNTAINLIFE.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]:

- NA % of listing side of the commission received by Receiving Firm for the sale of Prospect's property
- NA % of selling side of the commission received by Receiving Firm for the Prospect's purchase of a property
- Other:
25% OF LISTING SIDE OF THE COMMISSION RECEIVED BY THE RECEIVING FIRM FOR THE SALE OF PROSPECT'S PROPERTY WILL BE PAID, IF REFERRING FIRM BRINGS THE PROPERTY TO BE LISTED.
25% OF SELLING SIDE OF THE COMMISSION RECEIVED BY RECEIVING FIRM FOR THE PROSPECT'S PURCHASE OF A PROPERTY WILL BE PAID IF REFERRING FIRM BRINGS BUYER.
REFERRAL AGREEMENT GOOD FOR 1 YR. DATE OF AGREEMENT.

TIME OF PAYMENT: Any compensation owed hereunder shall be paid to Referring Firm within 7 days of Receiving Firm's receipt of its commission.

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
By: _____
Date: _____

Receiving Firm Name
By: _____
Date: _____

