



VIRGINIA ASSOCIATION OF REALTORS®
Referral Agreement



REFERRAL DATE _____

EXPIRATION DATE _____

Referring Brokerage Information

Referring Agent Name _____ Phone Number _____

Referring Broker Name _____ Phone Number _____

Brokerage Name _____ E-MAIL _____

Brokerage Address _____

Receiving Brokerage Information

Receiving Agent Name _____ Phone Number _____

Receiving Broker Name _____ Phone Number _____

Brokerage Name _____ E-MAIL _____

Brokerage Address _____

Customer Information

CHECK ONE: [] Buyer [] Seller [] Tenant [] Landlord

NAME 1 _____ NAME 2 _____

Home Phone # _____ Cell Phone # _____

Work Phone # _____ Cell Phone # _____

Address: _____

E-Mail Address _____

Preferred Location _____ Price Range _____

Referring agent has obtained permission from customer to refer customer.

Compensation

Receiving brokerage agrees to pay to referring brokerage _____ % of the referred side of the receiving brokerage's commission-earned within 10 business days of settlement.

Referring Broker

Receiving Broker

By: _____
(Insert name of firm above)
By (signature): _____
Print Name: _____
Date: _____

By: _____
(Insert name of firm above)
By (signature): _____
Print Name: _____
Date: _____

A COPY OF THIS FORM SHALL BE SUBMITTED TO EACH AGENT'S MANAGING BROKER.

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