

Lynchburg Association of REALTORS®
Brokerage Referral Agreement

REFERRAL DATE _____

EXPIRATION DATE _____

Referring Brokerage Information:

Referring Agent Name _____ Phone _____

Referring Broker Name _____ Phone _____

Brokerage Name _____ E-MAIL _____

Brokerage Address _____

Brokerage Federal EIN (taxpayer number) _____

Receiving Brokerage Information:

Receiving Agent Name _____ Phone _____

Receiving Broker Name _____ Phone _____

Brokerage Name _____ E-MAIL _____

Brokerage Address _____

Customer Information:

[Select one:] ☐ Buyer ☐ Seller ☐ Tenant ☐ Landlord

Name 1 _____ Name 2 _____

Home Phone # _____ Cell Phone # _____

Work Phone # _____ Cell Phone # _____

E-Mail Address _____ E-mail Address _____

Mailing Address: _____

Preferred Location _____ Price Range _____

Additional Terms: _____

Referring Agent has obtained permission from customer to refer Customer to Receiving Agent and to receive compensation for such referral.

Compensation:

In consideration for the referral of Customer, Receiving Brokerage agrees to pay to Referring Brokerage [select one]:

☐ _____ % of the referred side of the Receiving Brokerage's compensation OR ☐ the sum of \$ _____ within 10 business days of Customer's settlement.

Referring Broker

By: _____

(Insert name of firm above)

By (signature): _____

Print Name: _____

Date: _____

Receiving Broker

By: _____

(Insert name or firm above)

By (signature): _____

Print Name: _____

Date: _____