



VIRGINIA ASSOCIATION OF REALTORS®
Referral Agreement



REFERRAL DATE _____

EXPIRATION DATE _____

Referring Brokerage Information

Referring Agent Name _____ Phone Number _____

Referring Broker Name Paul Hartke Phone Number 703-860-4600 ext 411

Brokerage Name National Realty LLC E-MAIL broker@nationalrealty.biz

Brokerage Address 11890 Sunrise Valley Drive Reston, VA 201901

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 receiving brokerage's commission earned within 10 business days of settlement.

Referring Broker

By: National Realty LLC

(Insert name of firm above)

By (signature): _____

Print Name: Paul Hartke

Date: _____

Receiving Broker

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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