VIRGINIA REALTORS®
Referral Agreement

REFERRAL DATE _____

Referring Brokerage Information

Referring Agent Name _____ Phone Number _____

Referring Broker Name Paul Hartke Phone Number 703-675-5550

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

Brokerage Address 11890 Sunrise Valley Dr, Reston, VA 20191

Brokerage Tax Identification Number 13-4215314
Receiving Brokerage may require Referring Brokerage to provide a W9.

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
This referral is for ☐ the next transaction that goes under contract by _____ OR ☐ any transaction until _____.

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 within 10 business days of the Receiving Broker's receipt of payment.

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.