

Wendy Wilmot Properties
P. O. Box 3259
Bald Head Island, NC, 28461

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: Wendy Wilmot Properties License # 13422
Agent Name: Debbie Ward License # 140697
Firm Address: PO Box 3259 Bald Head Island, NC 28461
Phone: 910-457-5717 Fax: 910-457-0688 E-mail debbie@wendywilmotproperties.

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]:

- _____ % of listing side of the commission received by Receiving Firm for the sale of Prospect's property
 _____ % of selling side of the commission received by Receiving Firm for the Prospect's purchase of a property
 Other: _____

TIME OF PAYMENT: Any compensation owed hereunder shall be paid to Referring Firm within 10 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: _____

