



Referral Agreement

REFERRAL DATE _____

EXPIRATION DATE 1 year from referral date

Referring Brokerage Information

Referring Agent Name _____ Phone Number _____

Referring Broker Name Dana Jensen Phone Number 703.762.6218

Brokerage Name Realty Connect E-MAIL _____

Mailing Address 415 Lilys Way Winchester, VA 22602

Please follow ALL instructions (at bottom) of this referral agreement to ensure document is fully executed.

Receiving Brokerage Information

Receiving Agent Name _____ Phone Number _____

Receiving Broker Name _____ Phone Number _____

Brokerage Name _____ E-MAIL _____

Brokerage Address _____

Referral Information

CHECK ONE: Buyer Seller Client buying and selling

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 settlement. *The percentage above based on receiving brokers total gross compensation.*

Referring Broker

By: Realty Connect

(Insert name of firm above)

By (signature): _____

Print Name: Dana Jensen

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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VR Form 800 Revised 01/18
Reviewed 01/18

VERY IMPORTANT! Once this form is completed, first have receiving agents broker sign & date, then you will scan, email or DocuSign to admin@realtyconnect.com or fax to 815.361.9137 for final signature. Without both signatures, agreement is unenforceable.