



Referral Agreement

1 year from referral date
(unless noted below)

REFERRAL DATE _____

EXPIRATION 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 1818 Library St Suite 500 Reston, VA 20190

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

**Only the Designated (Principal) Broker of the Receiving Company Can Sign this Agreement, NO Sales Associates.*

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 completed, the receiving agents broker must sign & date FIRST. Then scan, email or DocuSign to admin@realtyconnect.com (or fax to 815.361.9137) for Realty Connect broker signature. Without both signatures, this agreement is completely unenforceable.