



REFERRAL AGREEMENT

REALTOR® North Carolina Association of REALTORS®

REFERRING FIRM INFORMATION:

Firm Name: _____
License #/State _____ / _____
Agent Name: _____
License #/State _____ / _____
Firm Address: _____
Phone: _____ Fax: _____ E-mail _____
Fed. Tax ID# (EIN or SS#, if sole proprietor): _____

RECEIVING FIRM INFORMATION:

Firm Name: ASA Inc Dba. Cole CRE.
License #/State C-9558 / NC
Agent Name: Michael K Brown BIC
License #/State 15241 / SC
Firm Address: 417 East blvd Suite 104 Charlotte, NC 28203
Phone: (704) 337-5000 Fax: (704) 887-5201 E-mail Info@Colecre.com

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 Referring Firm to disclose to 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 commission received by Receiving Firm
[] _____ % of selling/leasing side commission received by Receiving Firm
[X] Other: To Be determined by type of referral.



North Carolina Association of REALTORS®, Inc.

Referring Firm Rep. Initials _____ Receiving Firm Rep. Initials _____



STANDARD FORM 543 Revised 7/2013 © 7/2016

TIME OF PAYMENT: Any compensation owed hereunder shall be paid to Referring Firm within 10 days of Receiving Firm's receipt of its commission. If legal proceedings are instituted to enforce any provision of this Referral Agreement, the prevailing party in the proceeding shall be entitled to recover from the non-prevailing party reasonable attorneys fees and court costs incurred in connection with the proceeding.

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:

RECEIVING FIRM:

(Name of Firm)

ASA Inc Dba. Cole CRE.
(Name of Firm)

By: _____

By: _____

Name: _____

Name: Michael K Brown BIC

Date: _____

Date: _____