



REFERRAL AGREEMENT

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 Commercial Real Estate Advisors
License #/State C-9558 / NC
Agent Name: Michael K Brown BIC
License #/State 163998 / NC
Firm Address: 814 Tyvola Road Suite 104 Charlotte NC 28217
Phone: (704) 337-5000 Fax: _____ E-mail info@colecre.com

PROSPECT INFORMATION:

Name: _____
Address: _____
Phone: _____ Fax: _____ E-mail _____

The Prospect [] is [] is not yet 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
[] 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. 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. Db-a- Cole Commercial Real Estate Advisors
(Name of Firm)

By: _____

By: _____

Name: _____

Name: Michael K Brown BIC

Date: _____

Date: _____