

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: Clearview Commercial Real Estate Advisors. License # C-9558
Agent Name: Michael K Brown BIC License # 163998
Firm Address: 13850 Ballantyne Corp Place Ste 500 Charlotte, NC 28277
Phone: (704) 337-5000 Fax: (704) 337-0110 E-mail: info@cvrea.com

PROSPECT INFORMATION:

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

The Prospect [X] 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 the monetary compensation (including but not limited to any commission, bonus or other consideration of more than nominal value) received by Receiving Firm (or any of its agents) as listing agent for the sale of Prospect's property
[] _____ % of the monetary compensation (including but not limited to any commission, bonus or other consideration of more than nominal value) received by Receiving Firm (or any of its agents) as selling agent for the Prospect's purchase of a property
[] Other: _____

TIME OF PAYMENT: Any compensation owed hereunder shall be paid to Referring Firm within _____ days of Receiving Firm's receipt of the compensation.



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

Clearview Commercial Real Estate Advisors.

Receiving Firm Name

By: _____

By: _____
Michael K Brown BIC

Date: _____

Date: _____