

Birch Management, Inc.
1118 Greccade Street
Greensboro, NC 27408

Referral Agreement

REFERRING FIRM INFORMATION:

Firm Name: _____ License #: _____
Agent Name: _____ License #: _____
Firm Address: _____
Phone: _____ Fax: _____ Email: _____
Federal Taxpayer ID#(EIN or SS#, if sole proprietor): _____

RECEIVING FIRM INFORMATION:

Firm Name: Birch Management, Inc. License #: C18356
Agent Name: Lee Porter License #: 227515
Firm Address: 1118 Greccade Street, Greensboro, NC 27408
Phone: 336-288-6997 Fax: 336-272-2575 Email: referral@birchmanagementinc.com

PROSPECT INFORMATION:

Name: _____
Address: _____
Phone: _____ Fax: _____ Email: _____

The prospect 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:

Referral fees will be earned upon executed lease and move-in of tenant.

COMPENSATION: In consideration of the referral of Prospect, Receiving Firm shall pay Referring Firm as indicated below:

- N/A % of listing side of the commission received by Receiving Firm for the sale of Prospect's Property
N/A % of selling side of the commission received by Receiving Firm for the Prospect's Purchase of Property
X Other: Referral payment will equal 1 month's management fee paid to Birch Management, Inc.

TIME OF PAYMENT: Any compensation owed hereunder shall be paid to referring Firm within 30 days of Receiving Firm's receipt of its commission.

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
By: _____
Date: _____

Birch Management, Inc.

Receiving Firm Name
By: *Lee Porter*
Date: _____