COMMISSION INVOICE

_____
_____
_____
Phone: _____ Email: _____
License No: _____

Invoice #: _____
Date: _____
Due Date: _____

BILL TO (CLIENT)

Company: _____
Attention: _____
Address: _____

ESCROW / CLOSING AGENT

Company: _____
Officer: _____
Escrow/File #: _____
Closing Date: _____

PROPERTY & TRANSACTION DETAILS

Property Name/Address: _____
_____

Transaction Type: _____ (e.g., Sale, Lease, Lease Renewal)

Representing: _____ (e.g., Landlord, Tenant, Seller, Buyer)

DESCRIPTION	TRANSACTION BASE VALUE	COMMISSION RATE (%)	AMOUNT DUE
_____	$ _____	_____ %	$ _____
_____	$ _____	_____ %	$ _____
		Subtotal:	$ _____
		Tax / Other (if applicable):	$ _____
		Total Commission Due:	**$** _____

PAYMENT INSTRUCTIONS

Please direct wire transfer or check payments to the following account:

Beneficiary Bank: _____
Routing Number (ACH): _____

Account Number: _____

Reference: _____

Check Payable To: _____

_____

Authorized Broker Signature

Date: _____

_____

Print Name / Title

License #: _____