

ROYALTY FEE INVOICE

Franchise Operations Division

Invoice No: _____
Date: _____
Due Date: _____
Billing Period: _____

FRANCHISOR INFORMATION

Company Name:

Address:

City, State, Zip:

Tax ID / EIN:

Contact Email:

FRANCHISEE INFORMATION

Franchise DBA:

Entity Name:

Store/Outlet ID:

Location Address:

Contact Person:

DESCRIPTION OF FEES & REVENUE BASE	BASE AMOUNT	RATE (%)	AMOUNT DUE
Gross Sales Royalty Fee			
National Brand Marketing Fund Contribution			
Local Advertising Cooperative Fee			
Technology / POS License Fee			
Late Payment Interest / Penalties (if applicable)			

Subtotal

Tax (if applicable)

Total Amount Due

PAYMENT & SETTLEMENT INSTRUCTIONS

Bank Name:

Routing Number:

Account Number:

Payment Method:

Authorized Signatory (Franchisor)

Acknowledged / Approved (Franchisee)