

[BROKERAGE NAME]

[Street Address]
[City, State, Zip]
[License #]

INVOICE

Invoice #: _____
Date: _____

BILL TO

[Client Name / Landlord]
[Contact Name]
[Address]
[City, State, Zip]

PROPERTY / LEASE DETAILS

Property: [Property Name/Address]
Tenant: [Tenant Name]
Lease Term: [X] Months / Years

Description of Services	Total Lease Value	Commission %	Amount
Commercial Lease Brokerage Fee Base Rent: [Rate] x [SF/Unit] over [Term]	\$	%	\$
[Additional Service / Marketing Fee]	-	-	\$

Subtotal: \$ _____
Tax (if applicable): \$ _____
Total Due: \$ _____

PAYMENT INSTRUCTIONS

Please make checks payable to: **[Brokerage Name]**

Wire Transfer: [Bank Name] | Account: [Number] | Routing: [Number]

Due Date: [Date / Upon Receipt]

Thank you for your business. For any inquiries regarding this invoice, please contact [Name] at [Phone/Email].