

INVOICE

Dual Agency Commission

Invoice #: _____ Date: _____ Closing Date: _____

BROKERAGE INFORMATION

Agency Name: _____

License #: _____

Address: _____

Agent: _____

PROPERTY & TRANSACTION DETAILS

Property Address: _____

Seller: _____

Buyer: _____

Sale Price: \$ _____

Status: Dual Agency Represented

COMMISSION BREAKDOWN

Description	Rate/Percentage	Amount
Seller Representation Commission	_____%	\$ _____
Buyer Representation Commission	_____%	\$ _____
Administrative/Brokerage Fees	-	\$ _____
TOTAL DUE:		\$ _____

Payment Instructions:

Please make checks payable to _____ or wire to _____.

This document confirms that the agent has acted in a dual agency capacity as disclosed and agreed upon in the initial listing and representation agreements.