

[BROKERAGE NAME]

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

INVOICE

Date: [Date]
Invoice #: [0000]
Reference: [Property Name/Suite]

BILL TO (LANDLORD/OWNER)

[Entity Name]
[Contact Person]
[Address]
[City, State, Zip]

LEASE INFORMATION

Tenant: [Tenant Name]
Premises: [Suite/Address]
Term: [Number of Months/Years]
Commencement: [Date]

Description	Square Footage	Rate / Calculation	Total
Tenant Representation Commission - [Year 1-X]	[SF] SF	[X]% of Aggregate Rent	\$0.00
Tenant Representation Commission - [Year X-Y]	[SF] SF	[X]% of Aggregate Rent	\$0.00

Subtotal: \$0.00
Tax (if applicable): \$0.00

Total Due: \$0.00

PAYMENT INSTRUCTIONS

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

Checks Payable To: [Brokerage Name]

Thank you for your business. Commission is due per the terms of the separate Commission Agreement or Listing Agreement.