

INVOICE

[Representative Name]
[Address Line 1]
[City, State, Zip]
[Email / Phone]

Invoice #: _____
Date: _____
Rep ID: _____

BILL TO:

[Company Name]
[Department/Contact]
[Address]
[City, State, Zip]

PAYMENT TERMS:

Due Date: _____
Payment Method: _____

Date	Client / Account Name	Order #	Sales Amount	Rate (%)	Commission

Total Sales Volume: \$ _____
Other Adjustments/Fees: \$ _____

Total Commission Due: \$ _____

Notes: [Insert wire transfer details or check mailing instructions here]

Thank you for your business.