COMMISSION INVOICE

[Brokerage Name]
[License Number]
[Address, City, State, Zip]

Invoice #: _____
Date: _____

Bill To:
[Escrow/Title Company Name]
[Address]
[Contact Name]
Property Details:
Address: [Full Property Address]
Closing Date: _____
File/Escrow #: _____

Description	Sale Price	Rate (%)	Total
Real Estate Sales Commission	$	%	$
Administrative/Broker Fee	-	-	$
[Other Adjustment]	-	-	$

Subtotal: $ _____
Tax (if applicable): $ _____
TOTAL DUE: $ _____

Payment Instructions:
Payable to: [Brokerage Legal Name]
Tax ID/EIN: [00-0000000]
Wire details available upon request.

This invoice is for professional real estate brokerage services rendered. Please include the Property Address and Escrow Number on all payments.

Broker Signature: _____