COMMISSION INVOICE

AGENCY NAME
ADDRESS / CONTACT

INVOICE #
DATE

BILL TO (VENDOR/CLIENT)
CLIENT TAX ID
PROPERTY DETAILS
SALE CLOSING DATE
SALE PRICE

Description	Rate (%)	Amount
Professional Sales Commission		
Marketing & Advertising Expenses	-	
Administrative / Other Fees	-	

Subtotal: _____
Tax / VAT: _____
TOTAL DUE: _____

PAYMENT INSTRUCTIONS
BANK NAME:
ACCOUNT NAME:
SWIFT/IBAN:

AUTHORIZED SIGNATURE

Thank you for your business. Please settle this invoice within [X] days of the closing date.