COMMISSION INVOICE

BROKERAGE NAME

ADDRESS / PHONE / LICENSE #

INVOICE #

DATE

BILL TO: (TITLE/ESCROW COMPANY)

PROPERTY DETAILS
ADDRESS:

CLOSING DATE:

Description	Sale Price	Rate (%)	Amount
TRANSACTION ROLE: (LISTING/SELLING) AGENT NAME:			

Gross Commission: $ _____
Transaction Fees: ($ _____)
Net Due to Broker: $ _____

PAYMENT INSTRUCTIONS

AUTHORIZED BROKER SIGNATURE

Thank you for your business. Please make all checks payable to the Brokerage Name listed above.