BROKERAGE NAME

123 Business Avenue
City, State, Zip
Phone: (555) 000-0000
License: #00000000

INVOICE

Invoice #: _____
Date: _____

PROPERTY & TRANSACTION DETAILS

Property Address:

_____
_____
Closing Date: _____
Escrow/File #: _____
Agent Name: _____

CLIENT INFORMATION

Bill To:
Name: _____
Address: _____
Role: [ ] Buyer [ ] Seller

Description	Amount
Brokerage Transaction Fee	$ _____
Administrative/Processing Fee	$ _____
Other: _____	$ _____

Description	Amount

TOTAL DUE: **$ _____**

Payment Instructions:
Please make checks payable to: **[Brokerage Name]**
Payment due upon closing of escrow.

_____
Authorized Signature

_____
Date