INVOICE

Invoice #: _____

Date: _____

Agency Name

123 Business Street
City, State, Zip
Phone: (555) 000-0000

Client Information:

Name: _____
Address: _____
City/State: _____

Property Details:

Address: _____
Closing Date: _____
MLS #: _____

Description	Rate / Percentage	Amount
Real Estate Sales Commission	_____%	$
Administrative/Brokerage Fee	Fixed	$
Marketing & Advertising Costs	Itemized	$

Description	Rate / Percentage	Amount
Other: _____		$

Subtotal: $ _____
Tax: $ _____

Total Amount Due: $ _____

Payment Instructions:
Please make checks payable to: _____
Wire Transfer Details: Bank: _____ | Account: _____ | Routing: _____

Thank you for your business!