COMMISSION INVOICE

Brokerage Name: _____
License #: _____
Address: _____

Invoice #: _____
Date: _____
Closing Date: _____

PROPERTY INFORMATION

Address: _____
_____
Final Sale Price: $_____

PARTIES & REPRESENTATION

Seller: _____
Buyer: _____
Agent(s): _____

Description of Services (Dual Agency)	Rate / %	Amount
Listing Side Commission	_____%	$_____
Selling Side Commission	_____%	$_____
Brokerage Administrative Fees	-	$_____

Description of Services (Dual Agency)	Rate / %	Amount
Other Adjustments/Credits	-	$_____

Subtotal: $_____
Total Commission Due: $_____

PAYMENT INSTRUCTIONS / NOTES

_____

_____

This invoice is for professional real estate brokerage services rendered in a dual agency capacity as disclosed and agreed upon by all parties. Please make checks payable to the Brokerage Name listed above.