[BROKERAGE NAME]

[Street Address]
[City, State, Zip]
[Phone Number]
[License Number]

INVOICE

Invoice #: _____
Date: _____
Closing Date: _____

BILL TO

[Client/Escrow Name]
[Address]
[City, State, Zip]
[Contact Email]

PROPERTY INFORMATION

[Property Address]
[City, State, Zip]
MLS #: _____
Sales Price: $_____

Description	Rate/Calculation	Amount
Real Estate Professional Commission	[___]% of Sales Price	$0.00
Administrative/Transaction Fee	Flat Rate	$0.00

Description	Rate/Calculation	Amount
Marketing/Advertising Reimbursement	Itemized	$0.00

Subtotal: $0.00
Tax (if applicable): $0.00

TOTAL DUE: $0.00

PAYMENT INSTRUCTIONS

Please make checks payable to **[Brokerage Name]**. For wire transfers, please contact the finance department for secure routing instructions.

Thank you for your business. This invoice is due upon closing of the referenced property.