REFERRAL FEE INVOICE

Invoice #: _____
Date: _____

PAYABLE TO (REFERRING BROKERAGE)

Brokerage Name:
Address:
Tax ID / EIN:
Phone:

BILL TO (RECIPIENT BROKERAGE)

Brokerage Name:
Address:
Agent Name:
File/Escrow #:

TRANSACTION DETAILS

Property Address / Client Name	Sale Price	Total Commission	Referral %
	$	$	%

Total Referral Fee Due: $_____

PAYMENT INSTRUCTIONS

Make Check Payable To:
Mailing Address:
Wire Instructions (if applicable):

_____

Authorized Signature

Note: Please include the property address or file number on the check memo. Thank you for the referral.