INVOICE

[Your Name/Business Name]
[License # if applicable]
[Phone Number]
[Email Address]

Invoice #: [00001]
Date: [Date]
Due Date: [Upon Closing / Date]

BILL TO:

[Agent Name]
[Brokerage Name]
[Office Address]

TRANSACTION DETAILS:

Property: [Full Property Address]
Client: [Buyer/Seller Name]
Closing Date: [MM/DD/YYYY]

Service Description	Service Type	Amount
TC Fee: [Property Address]	[Listing/Under Contract]	$0.00
[Additional Service: e.g., Compliance Review]	[Add-on]	$0.00

Subtotal: $0.00

TOTAL DUE: $0.00

Payment Instructions:
Please make checks payable to **[Your Name]** or pay via **[Payment Platform Link]**.
Note: Please include the property address in the payment memo.