

# COMMISSION INVOICE

Invoice #: \_\_\_\_\_

Date: \_\_\_\_\_

**[Brokerage Name]**

[Address]

[Phone]

[License #]

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**Payable To:**

[Agent/Broker Name]

[Address]

[Tax ID/SSN]

**Property Details:**

[Property Address]

Closing Date: \_\_\_\_\_

File/Escrow #: \_\_\_\_\_

| Description                  | Price/Basis | Rate (%) | Amount |
|------------------------------|-------------|----------|--------|
| Gross Sales Price            | \$          | -        | -      |
| Listing/Selling Commission   | \$          | %        | \$     |
| Referral Fee (if applicable) | -           | -        | (\$ )  |
| Broker Processing Fee        | -           | -        | (\$ )  |

Total Commission Due: \_\_\_\_\_

**Net to Agent: \$** \_\_\_\_\_

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**Instructions:**

Please make checks payable to [Payee Name]. Include the File Number on the check memo.

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_