

COMMISSION INVOICE

[Brokerage Name]

[License #]

[Address]

[Phone/Email]

Invoice #: _____

Date: _____

BILL TO:

[Escrow/Title Company]

[Officer Name]

[Address]

PROPERTY DETAILS:

Property: _____

Closing Date: _____

Sale Price: \$ _____

Description	Rate / %	Total
Gross Listing Broker Commission	_____ %	\$ _____
Referral Fee (if applicable)	_____ %	(\$ _____)
Transaction Coordinator Fee	Flat	(\$ _____)

NET COMMISSION DUE: \$ _____

PAYMENT INSTRUCTIONS:

Please make check payable to: **[Brokerage Name]**
Wired funds to: [Bank Name] | Acc: [Number] | Routing: [Number]

Agent Signature

Managing Broker Approval