

REFERRAL FEE INVOICE

Invoice #: _____

Date: _____

[Referring Brokerage Name]

[Address Line 1]

[Address Line 2]

[Tax ID / License #]

PAYABLE BY (RECIPIENT BROKERAGE)

[Company Name]

[Agent Name]

[Address]

TRANSACTION DETAILS

Client: [Name]

Property: [Address]

Closing Date: [Date]

Description	Sale Price / Gross Comm.	Referral %	Total Due
Real Estate Referral Fee	\$	%	\$

Total Amount Owed: \$

PAYMENT INSTRUCTIONS

Please make checks payable to:

[Referring Brokerage Name]

WAF / Wire Details (if applicable):

[Bank Name]

[Account/Routing #]

Authorized Signature

Note: This referral fee is subject to the original Referral Agreement signed on [Agreement Date]. Please include the Invoice Number on your check or wire transfer.