

REAL ESTATE COMMISSION

[Brokerage Name]
[Street Address]
[City, State, Zip]
[License Number]

INVOICE

Invoice #: _____
Date: _____
Closing Date: _____

PAYABLE TO

[Agent/Entity Name]
[Address]
[Phone Number]
[Tax ID/SSN]

PROPERTY TRANSACTION

Address:

Client: _____

Description	Sale Price / Base	Rate (%)	Amount
Real Estate Commission	\$	%	\$
Transaction Coordinator Fee	-	-	\$
Other: _____	-	-	\$

Subtotal: \$ _____
Deductions/Fees: (\$ _____)
Total Commission: \$ _____

PAYMENT INSTRUCTIONS

Please disburse funds at time of closing via: Wire Check ACH

Note: Please include the property address and invoice number on all payment remittances.

Authorized Signature: _____ Date:
