

INVOICE

Commission Statement

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

BILL TO

[Client Name/Escrow Company]
[Address Line 1]
[Address Line 2]

INVOICE DETAILS

Invoice #: [0000]
Date: [Date]
Closing Date: [Date]

PROPERTY DETAILS

Address: [Full Property Address]
Sale Price: \$[0.00]

Description	Rate / %	Amount
Professional Real Estate Commission	[0.0]%	\$0.00
Transaction Coordinator Fee	Flat	\$0.00
Other: [Description]	-	\$0.00

Subtotal: \$0.00

Tax: \$0.00

Total Commission: \$0.00

PAYMENT INSTRUCTIONS

Please make all checks payable to: **[Brokerage Name]**

Agent Name: [Name]

License #: [Number]