

COMMISSION INVOICE

Invoice #: _____

Date: _____

Contractor Information:

Name: _____

Address: _____

Email: _____

Tax ID: _____

Bill To:

Company: _____

Address: _____

Attn: _____

Date of Sale	Client / Reference	Sale Amount	Rate (%)	Commission

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Subtotal: \$ _____

Other Adjustments: \$ _____

Total Payable: \$ _____

Payment Instructions:

Method: _____

Account Details: _____

I hereby certify that the above sales were completed during the specified period as per the Independent Contractor Agreement.

Signature: _____ Date: _____