

COMMISSION INVOICE

Invoice #: _____

Date: _____

[Affiliate Name/Company]

[Address Line 1]

[City, State, Zip]

[Email/Tax ID]

BILL TO:

[Merchant/Company Name]

[Address Line 1]

[City, State, Zip]

[Contact Email]

PAYMENT DETAILS:

Method: [PayPal/Wire/ACH]

Account: [Email or Account #]

Reference: [Affiliate ID]

Description (Campaign/Product)	Total Sales	Rate (%)	Amount
[Service Period / Campaign Name]	\$0.00	0%	\$0.00
[Service Period / Campaign Name]	\$0.00	0%	\$0.00

Subtotal: \$0.00

Adjustments: \$0.00

Total Due: \$0.00

Notes:

Payment terms: [e.g., Net 30]. Please include the invoice number with your payment.