

COMMISSION INVOICE

Invoice #: _____

Date: _____

Brokerage Name

Address Line 1

City, State, Zip

Phone / Email

BILL TO

Carrier/Client Name

Address Line 1

City, State, Zip

REFERENCE DETAILS

Load/MC #: _____

PO/Ref #: _____

Payment Terms: _____

Load Description & Route	Gross Freight	Comm. %	Total Commission
Origin: Destination: Date:	\$	%	\$

Subtotal: \$ _____

Other Fees: \$ _____

Total Due: \$ _____

PAYMENT INSTRUCTIONS

Remit payment via: [Check/ACH/Wire]

Account Name: _____

Account/Routing: _____