COMMISSION INVOICE

Invoice #: [Invoice Number]
Date: [Date]

FROM (Payee):
[Your Name/Company Name]
[Address Line 1]
[City, State, Zip]
[Tax ID/VAT Number]
Associate ID: [Your ID]

TO (Payor):
Amazon Services Europe S.Ã r.l. (or local entity)
38 avenue John F. Kennedy
L-1855 Luxembourg
Luxembourg

Description	Period	Amount
Amazon Associates Program Advertising Fees	[Month, Year]	[Currency] [0.00]
	Tax/VAT ([0]%)	[0.00]
	TOTAL	**[Currency] [0.00]**

Payment Information:
Bank Name: [Bank Name]
IBAN/Account #: [Number]
SWIFT/BIC: [Code]