INVOICE

Affiliate Commission

Invoice #: _____

Date: _____

Period: _____

AFFILIATE INFORMATION

Name: _____

ID: _____

Email: _____

Address: _____

BILL TO

Company: _____

Department: Partners/Marketing

Address: _____

Performance Metric	Quantity / Volume	Commission Rate	Total
CPA (Cost Per Acquisition)			
CPL (Cost Per Lead)			

Performance Metric	Quantity / Volume	Commission Rate	Total
Revenue Share (%)			
Performance Bonuses			

Subtotal: $ _____
Adjustments: $ _____
Total Due: $ _____

PAYMENT INSTRUCTIONS

Method: _____

Account/Details: _____

This is a performance-based invoice generated for affiliate services rendered. Please process payment within ____ business days.