

# INVOICE

Referral Commission

[Agency Name]

[Street Address]

[City, State, Zip]

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**Bill To:**

[Recipient Name/Insurance Co]

[Address]

[Email/Phone]

**Invoice #:** [00001]

**Date:** [MM/DD/YYYY]

**Due Date:** [MM/DD/YYYY]

Referral Client Name	Policy Number	Policy Type	Premium Amount	Comm. %	Amount
[Client Name]	[Policy #]	[Life/Auto/Home]	\$0.00	0%	\$0.00
[Client Name]	[Policy #]	[Life/Auto/Home]	\$0.00	0%	\$0.00

Subtotal: \$0.00

**Total Due: \$0.00**

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**Payment Instructions:**

Bank: [Bank Name] | Account: [Number] | Routing: [Number]

Notes: Referral fees for policies bound in [Month/Year].