

[Brokerage Name]
[Street Address]
[City, State, Zip]
[License Number]

COMMISSION INVOICE

Bill To:

[Insurance Carrier Name]
[Department/Contact]
[Address]

Invoice #: [00000]

Date: [MM/DD/YYYY]

Broker ID: [ID-Number]

Policyholder / Client	Policy Number	Premium Amount	Comm. %	Amount Due
[Client Name]	[ABC-12345]	\$0.00	0%	\$0.00
[Client Name]	[XYZ-67890]	\$0.00	0%	\$0.00
Subtotal: \$0.00				
Tax (if applicable): \$0.00				
Total Due: \$0.00				

Payment Instructions:

Bank: [Bank Name] | Account: [Number] | Routing: [Number]
Please include Invoice Number with payment. Payment due within [30] days.