

[Your Brokerage Name]  
[Address Line 1]  
[City, State, Zip]  
[Tax ID / License No.]  
**COMMISSION INVOICE**

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**Bill To:**

[Carrier/Agency Name]  
[Department/Contact]  
[Address Line 1]  
[City, State, Zip]

**Invoice #:** \_\_\_\_\_  
**Date:** \_\_\_\_\_  
**Pay Period:** \_\_\_\_\_

Policyholder Name	Policy Number	Policy Type	Premium Amount	Comm. %	Amount Due

Subtotal: \$0.00  
Adjustments: \$0.00

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**Total Payable: \$0.00**

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**Payment Instructions:**

Please make checks payable to [Your Brokerage Name] or remit via ACH to [Account Details].  
Payment is due within [Number] days of invoice date.