

COMMISSION INVOICE

Invoice #: _____

Date: _____

BROKER INFORMATION [Broker Name/Agency]

[Address Line 1]

[City, State, Zip]

[Tax ID / NPN Number]

BILL TO (CARRIER/AGENCY) [Insurance Carrier Name]

[Department/Contact]

[Address Line 1]

[City, State, Zip]

PAYMENT TERMS Due on Receipt / Net 30

Policyholder Name	Policy Number	Plan Type	Premium Amount	Comm. %	Amount Due
[Client Name]	[Number]	[Term/Whole/Universal]	\$0.00	0%	\$0.00
[Client Name]	[Number]	[Term/Whole/Universal]	\$0.00	0%	\$0.00
[Client Name]	[Number]	[Term/Whole/Universal]	\$0.00	0%	\$0.00
TOTAL COMMISSION:					\$0.00

REMITTANCE INSTRUCTIONS

Please make checks payable to: **[Broker/Agency Name]**

For Electronic Funds Transfer (EFT):

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

This is a formal request for commission earned on placed life insurance business. Please contact [Phone Number] or [Email] for any billing discrepancies.