COMMISSION INVOICE

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

Invoice #: [00000]
Date: [MM/DD/YYYY]

PAYABLE BY (LESSOR/OWNER)

[Client Name]
[Company Name]
[Address]
[Tax ID/FEIN]

PROPERTY / LEASE INFO

Premises: [Suite/Floor, Building Name]
Address: [Property Address]
Tenant: [Tenant Name]

Description of Services	Lease Term	Total Lease Value	Rate (%)	Amount
Commercial Lease Commission - [New/Renewal]	[Years/Months]	$[0.00]	[0.00]%	$[0.00]
			Subtotal	$[0.00]

Sales Tax / VAT (if applicable) $[0.00]

TOTAL DUE $[0.00]

PAYMENT INSTRUCTIONS

Bank Name: [Name]
Account Name: [Name]
Account Number: [Number]
Routing/Swift: [Code]

AGENT/BROKER OF RECORD

[Agent Name]
[License Number]
[Email/Phone]

Please make all checks payable to **[Brokerage Name]**. Payment is due within [Number] days of lease execution or as per the Listing Agreement.