COMMISSION INVOICE

[Agency Name]
[Address Line 1]
[City, State, Zip]
[Tax ID / License No]

Invoice #: _____
Date: _____
Due Date: _____

Bill To:

[Client Name]
[Property Owner/Entity]
[Billing Address]
[City, State, Zip]

Property Reference:

[Commercial Building Name]
[Unit Number / Suite]
[Property Address]

Description of Service	Lease Term / Basis	Rate (%)	Amount
New Lease Commission: [Tenant Name]	[Term Length]	____%	$ 0.00
Lease Renewal / Expansion	[Term Length]	____%	$ 0.00
Monthly Management Commission	[Period]	____%	$ 0.00

Description of Service	Lease Term / Basis	Rate (%)	Amount
Administrative / Procurement Fees	Fixed	-	$ 0.00

Subtotal: $ 0.00
Tax (if applicable): $ 0.00
Total Due: $ 0.00

Payment Instructions:
Please make checks payable to: [Payee Name]
Wire/ACH: [Bank Name] | Routing: [Number] | Account: [Number]

Terms: Net [30] days. Late payments may be subject to a [X%] finance charge per month.