# COMMISSION INVOICE

Referral Fee

**INVOICE NUMBER**
**DATE**

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**PAYABLE TO (REFERRING BROKER)**

Company Name:

Tax ID / EIN:

Address:

License #:

**BILL TO (LISTING/PRINCIPAL BROKER)**

Company Name:

Attention:

Address:

Project/Deal Ref:

**PROPERTY & TRANSACTION DETAILS**

| Property Description & Address | Transaction Type | Closing/Lease Date |
|---|---|---|
| | | |

| Description of Service | Total Transaction Value | Referral % | Total Due |
|---|---|---|---|
| Commercial Referral Fee for [Client Name] | | | |

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

**PAYMENT INSTRUCTIONS**

Bank Name: _____

Account Name: _____

Routing #: _____

Account #: _____

**AUTHORIZED SIGNATURE**

Print Name & Title

Note: This invoice is issued pursuant to the signed Broker-to-Broker Referral Agreement dated _____.