[AGENCY/BROKERAGE NAME]

COMMISSION INVOICE

Invoice #: _____
Date: _____

BILL TO (LESSOR/OWNER)

[Entity Name]
[Street Address]
[City, State, Zip]
Attn: [Accounts Payable]

BROKER INFORMATION

[Broker Name/License #]
[Agency Address]
Tax ID/EIN: _____
Phone: _____

INDUSTRIAL LEASE REFERENCE

Property: [Building Name/Unit, Street Address, City, State]
Lessee: [Tenant Entity Name]
Lease Term: [Start Date] to [End Date] ([X] Months)
Total Square Footage: [SF] sq. ft.

Description of Services	Calculation Basis	Total Due
Lease Commission [ ] New Lease / [ ] Expansion / [ ] Renewal	Aggregate Rent: $_____ Commission Rate: _____%	$
Additional Fees [Marketing/Procurement/Other]	Flat Fee / Per SF	$

Subtotal: $_____
Tax (if applicable): $_____
TOTAL DUE: $_____

PAYMENT INSTRUCTIONS

Make checks payable to: **[Agency Name]**
Wire/ACH: [Bank Name] | Acc: [Number] | Routing: [Number]

Terms: Commission due upon [Lease Execution/Occupancy] per Exclusive Listing Agreement dated [Date].