COMMISSION INVOICE

Industrial Property Sales

Invoice #: _____

Date: _____

FROM (Agency):

_____

_____

License #: _____

BILL TO (Vendor/Client):

_____

_____

Tax ID: _____

PROPERTY DETAILS:

Address: _____

Property Type: [ ] Warehouse [ ] Manufacturing [ ] Logistics [ ] Other

Description of Service	Sale Price	Rate (%)	Total
Professional Sales Commission	$	%	$

Description of Service	Sale Price	Rate (%)	Total
Marketing & Advertising Costs	-	-	$

Subtotal: $_____
Tax/VAT: $_____

TOTAL DUE: $_____

PAYMENT TERMS:

Due Date: Upon Settlement / _____

Bank Name: _____

Account Name: _____

Account Number: _____

SWIFT/Routing: _____

Authorized Signature: _____ Date: _____