COMMISSION INVOICE

Brokerage License: _____

Invoice #: _____

Date: _____

BROKER / PAYEE

_____

_____

_____

BILL TO (LANDLORD/CLIENT)

_____

_____

_____

PROPERTY / TRANSACTION

Retail Center: _____

Suite/Unit: _____

Tenant Name: _____

LEASE TERMS

Lease Term: _____ Years

Commencement: _____

Total Lease Value: $_____

Description of Commissionable Event	Calculation / %	Amount
Lease Execution Commission (Installment __ of __)	____ %	$ _____
Additional Fees / Marketing Expenses	Flat Rate	$ _____

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

Payment Instructions: Please make checks payable to _____ or via Wire Transfer to _____.

Due Date: Upon Receipt / Within ____ Days.