COMMISSION INVOICE

Invoice #: [____]
Date: [____]

FROM (Broker):
[Agency Name]
[License Number]
[Address Line 1]
[City, State, Zip]

TO (Lessor/Owner):
[Shopping Center Name]
[Entity Name]
[Address Line 1]
[City, State, Zip]

Lease Reference:
Tenant: [Name of Business/Tenant]
Unit/Suite: [Number/Location]
Lease Term: [Duration]
Commencement: [Date]

Description of Services	Lease Value / SQFT	Rate (%)	Amount
Leasing Commission - [Initial Term]	$[0.00]	[0.0]%	$[0.00]
Marketing/Administrative Fee	-	-	$[0.00]
		Total Amount Due:	**$[0.00]**

Payment Instructions:
Check Payable to: [Company Name]
Wire/ACH: [Routing #] / [Account #]

Due Date: [Upon Receipt / Net 30]

Thank you for your business. Please include the invoice number with your payment.