

[AGENCY NAME]

[Address Line 1]
[City, State, Zip]
[Email/Phone]

COMMISSION INVOICE

Invoice #: _____
Date: _____

BILL TO (CLIENT)

[Client Name/Company]
[Attention To]
[Address]
[Tax ID]

MODEL INFORMATION

Model: [Name]
Job Ref: [Job Title/ID]
Date of Work: [Date]

Description of Services	Gross Amount	Commission %	Total
Model Fee: [Campaign/Booking Name]	\$ 0.00	[20]%	\$ 0.00
Usage/Buyout Fees	\$ 0.00	[20]%	\$ 0.00

Description of Services	Gross Amount	Commission %	Total
Agency Service Fee	-	-	\$ 0.00
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Subtotal: \$ 0.00			
Tax: \$ 0.00			
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Total Due: \$ 0.00			

Payment Terms: Net [30] Days. Please make checks payable to [Agency Name].

Bank Wire Transfer: [Bank Name] | Account: [Number] | Routing: [Number] | SWIFT: [Code]