

[AGENCY NAME]

[Street Address]
[City, State, Zip]
[Email/Phone]

COMMISSION INVOICE

Invoice #: [0000]
Date: [Date]
Due Date: [Date]

BILL TO (CLIENT):

[Athlete/Client Name]
[Team/Organization]
[Address]

REMIT PAYMENT TO:

[Agency Bank Name]
Account: [Number]
Routing: [Number]

Contract/Deal Description	Period	Base Amount	Rate (%)	Commission
[e.g., Player Contract Year 1]	[MM/YY - MM/YY]	\$0.00	[0]%	\$0.00
[e.g., Endorsement Deal]	[Quarter/Year]	\$0.00	[0]%	\$0.00

Subtotal: \$0.00
Reimbursable Expenses: \$0.00

TOTAL DUE (USD): \$0.00

Notes: Please include invoice number with your wire transfer. Late payments may be subject to interest as per the Representation Agreement.