

[Broker Name/Agency]

[Street Address]

[City, State, Zip]

[Phone / Email]

COMMISSION INVOICE

Bill To:

[Dealership/Client Name]

[Contact Person]

[Address]

Invoice #: [0000]

Date: [MM/DD/YYYY]

Due Date: [MM/DD/YYYY]

Vehicle Information

Year / Make / Model	VIN	Stock #	Customer Name

Commission Breakdown

Description	Amount
Broker Commission - Referral Fee	\$
Document/Processing Fee	\$
Additional Services	\$

Subtotal: \$ _____

Tax (if applicable): \$ _____

TOTAL DUE: \$ _____

Payment Instructions:

Please make checks payable to **[Broker Name]**.

Wire/ACH Transfer: [Bank Name] | Routing: [000000000] | Account: [000000000]