

COMMISSION INVOICE

Invoice #: _____

Date: _____

DEALERSHIP NAME

Street Address

City, State, Zip

Phone / Email

SALESPERSON INFORMATION

Name: _____

ID/Employee #: _____

Pay Period: _____

CUSTOMER INFORMATION

Name: _____

Stock #: _____

Deal Date: _____

VEHICLE DETAILS

Year	Make	Model	VIN
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COMMISSION CALCULATION

Description	Gross Profit / Sale Price	Rate (%)	Total
Front-End Commission	\$	%	\$

Description	Gross Profit / Sale Price	Rate (%)	Total
Back-End (F&I) Commission	\$	%	\$
Unit Bonus / Flat Fee	-	-	\$
Other (Add-ons/Spiffs)	-	-	\$
Subtotal Commission: \$ _____			
Less Draw/Deductions: (\$ _____)			

NET PAYABLE: \$ _____

Sales Manager Signature: _____

Salesperson Signature: _____