

COMMISSION INVOICE

Dealership Name
Address Line 1
City, State, Zip

Invoice #: _____
Date: _____
Payable To: _____

Sales Representative Name: _____

ID: _____

Phone: _____

Customer / Fleet Details Buyer: _____

Company: _____

Sale Date: _____

Commercial Vehicle Details

Year/Make/Model	VIN Number	Stock #	Vehicle Type (Van/Truck/Bus)

Commission Breakdown

Description	Base Price / Gross Profit	Commission Rate (%)	Amount
Vehicle Sale Commission	\$	%	\$
Upfit / Accessory Bonus	\$	%	\$
F&I / Warranty SPIFF	-	-	\$
Volume / Fleet Bonus	-	-	\$

Subtotal: \$ _____

Deductions: (\$ _____)

Net Payable: \$ _____

Authorized Signature: _____ **Date:** _____

Salesperson Signature: _____ **Date:** _____