

COMMISSION INVOICE

Invoice #: [0000]
Date: [YYYY-MM-DD]

[Reseller Name]
[Street Address]
[City, State, Zip]
[Tax ID / VAT Number]

BILL TO (PROVIDER)

[Cloud Service Provider Name]
[Provider Billing Address]
[City, State, Zip]
[Contact Email]

PAYMENT DETAILS

Bank: [Bank Name]
SWIFT/BIC: [Code]
Account: [Number]
Currency: [USD/EUR]

Customer Name / Subscription ID	Service Period	Gross Revenue	Commission %	Amount
[Client A - Cloud Suite]	[MM/YY]	[0.00]	[00]%	[0.00]
[Client B - Storage Plan]	[MM/YY]	[0.00]	[00]%	[0.00]

Subtotal: [0.00]
Tax/VAT ([0]%) : [0.00]
Total Commission: [0.00]

Notes: Commission calculated based on net payments received from referred clients within the specified billing cycle.