

# COMMISSION INVOICE

Invoice #: \_\_\_\_\_  
Date: \_\_\_\_\_

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**RESELLER INFORMATION**

**[Reseller Name]**  
[Address Line 1]  
[City, State, Zip]  
Tax ID: [Number]  
**BILL TO (VENDOR/PROVIDER)**

**[Company Name]**  
[Address Line 1]  
[City, State, Zip]

Order Date	Client Name / Order ID	Product/Service Description	Sale Amount	Rate (%)	Commission

Subtotal Commission: \$ \_\_\_\_\_  
Tax (if applicable): \$ \_\_\_\_\_  
**TOTAL PAYABLE: \$ \_\_\_\_\_**

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**PAYMENT INSTRUCTIONS**

Bank Name: [Name]  
Account Name: [Name]  
SWIFT/IBAN: [Number]

*Thank you for your partnership.*