

COMMISSION INVOICE

Agent Name / Entity
Address Line 1
City, State, Zip

Invoice #: _____

Date: _____

Agent ID: _____

BILL TO

Software Provider Name
Accounts Payable Dept.
Address Line 1
City, State, Zip

PAYMENT INSTRUCTIONS

Bank: _____
Account: _____
Routing/Swift: _____

Subscription / License ID	Customer Name	Sale Amount	Rate (%)	Commission
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**Subscription /
License ID**

**Customer
Name**

**Sale
Amount**

**Rate
(%)**

Commission

Subtotal: \$0.00

Tax (if applicable): \$0.00

Total Commission: \$0.00

Notes: Commissions calculated based on realized revenue for the period of _____ to _____.