

INVOICE

Referral Commission

Invoice #: _____

Date: _____

REFERRER (FROM)

[Name/Company]

[Address Line 1]

[City, State, Zip]

[Email/Tax ID]

SOFTWARE VENDOR (TO)

[Company Name]

[Address Line 1]

[City, State, Zip]

[Contact Name]

Referral Name / Client	Software/Plan	Sale Amount	Rate (%)	Commission

Subtotal: \$0.00

Tax (if applicable): \$0.00

Total Commission: \$0.00

PAYMENT INSTRUCTIONS

Bank Name: _____

Account Holder: _____

Account Number / IBAN: _____

SWIFT/BIC: _____

Thank you for the partnership.