COMMISSION INVOICE

Invoice #: _____
Date: _____

FROM: AFFILIATE / AGENCY

[Name/Agency Name]
[Address Line 1]
[City, State, Zip]
[Tax ID / VAT Number]

BILL TO: MERCHANT / CLIENT

[Company Name]
[Address Line 1]
[City, State, Zip]
[Contact Email]

Description / Referral	Units / Sales	Rate %	Amount
[Service/Product Name]	[0]	[0]%	$0.00
[Service/Product Name]	[0]	[0]%	$0.00
[Service/Product Name]	[0]	[0]%	$0.00

Subtotal: $0.00
Tax: $0.00
Total Due: $0.00

PAYMENT INSTRUCTIONS

Method: [PayPal / Wire Transfer / Check]
Account Name: _____

Account/IBAN: _____
Swift/BIC: _____