COMMISSION INVOICE

Invoice #: _____
Date: _____

Brokerage Name
Address Line 1
City, State, Zip
Tax ID: _____

Property Information:

Address: _____
Closing Date: _____
Escrow/File #: _____

Client/Payor:

Name: _____
Role: [ ] Seller [ ] Buyer
Phone: _____

Description	Calculation / Rate	Amount
Sale Price	$ _____	-
Gross Commission	_____ %	$
Transaction Fee	Flat Fee	$
Referral Fee (if applicable)	To: _____	($)
	Total Commission Due:	**$**

Payment Instructions:

Please make check payable to: _____
Wire Transfer Info: Bank: _____ | Acc: _____ | ABA: _____

Authorized Agent Signature

Managing Broker Signature