REFERRAL FEE INVOICE

Invoice #: _____
Date: _____

FROM (Referring Brokerage)
Company: _____

Agent: _____

Tax ID/EIN: _____

Address: _____

TO (Receiving Brokerage)
Company: _____

Agent: _____

Address: _____

Phone: _____

TRANSACTION DETAILS

Client Name: _____
Property Address: _____
Closing Date: _____
Sale Price: $_____

Description	Base Commission	Referral %	Total Due
Real Estate Referral Fee	$_____	_____%	$_____

Subtotal: $_____

TOTAL AMOUNT DUE: $_____

PAYMENT INSTRUCTIONS

Please make all checks payable to: _____

Wire Transfer Info (if applicable): ___________________________________

____
Authorized Signature

____
Date