INVOICE

Agency Name
123 Business Way
City, State, Zip
Email: office@agency.com

Invoice #: _____
Date: _____
Due Date: _____

Bill To:

_____
_____
_____

Property Details:

Address: _____
Closing Date: _____
File #: _____

Description of Transaction Services	Amount
Brokerage Commission / Transaction Fee	$ 0.00
Administrative / Processing Fee	$ 0.00
Marketing & Advertising Reimbursement	$ 0.00
Other: _____	$ 0.00

Subtotal: $ 0.00
Tax: $ 0.00

Total Due: $ 0.00

Payment Instructions:

Please make checks payable to **[Agency Name]** or wire funds to the account details provided upon request.

Thank you for your business.

Note: This document serves as an official request for payment for real estate professional services rendered.