CL META REALTY

Real Estate Brokerage Commission Invoice

Company Name _____
Agent _____
Street Address _____ City _____
State _____ Zip Code _____
Tel: _____
Email: _____
Agent License Number: _____
Brokerage License Number: _____

Bill To: _____
_____
_____

Invoice No: _____
Date: _____

PROPERTY ADDRESS _____

SELLER(S) _____

BUYER(S) _____

SALE PRICE _____

COMMISSION RATE _____

TOTAL COMMISSION _____

OTHER _____

TOTAL INVOICE _____

PAYMENT IS ACCEPTED BY CERTIFIED CHECK, BANK CHECK, OR ATTORNEY ESCROW CHECK