



**Southwest
Realty Advisors, LLC**

Broker LIC# 9000471

LEASING COMMISSION INVOICE

Date: _____

Invoice No.: _____

Bill To:

Lessor/Prop Mgt. Co./Apartment Community Name: _____

Attn: _____ Phone: _____

Street Address: _____

City/Zip: _____

Email: _____

Tenant Name: _____

Unit #: _____

Move in Date: _____

Lease Term: _____

Lease Commission Base: \$ _____ (x) _____ % or Flat Fee: \$ _____

Gross Commission: \$ _____ plus bonus (if any): \$ _____ = \$ _____

Total Commission Payable: \$ _____

Send Payment To:

Agent Name/dba: _____ email: _____

Mailing Address: _____

City/Zip: _____ Phone: _____

Agent License #: _____

I, Reed Coleman, acting as the individual Broker for Southwest Realty Advisors, do authorize the above named agent to receive payment directly for services rendered while acting as an agent for Southwest Realty Advisors, LLC

Signature: Reed Coleman (Company's Broker)

_____ Date