



RENTAL COMMISSION INVOICE/RECEIPT

Date: _____

Sent To: _____

Email: _____

Phone: _____

Invoice#: _____

(Agent Initials/Street#/Unit)

Lease Start Date: _____

DUE FROM: ☐ Landlord ☐ Management Co ☐ Tenant

REGARDING RENTAL

Landlord: _____

Tenant: _____

Street Address: _____

Unit#: _____

City, State, Zip: _____

For our portion of real estate brokerage services rendered with regard to the lease of the above Property.

Annual Rental Price: \$ _____

Monthly Rental Price: \$ _____

The total amount due to East Coast Realtors Inc. is \$ _____

Which represents: _____% of the annual rent _____# month's rent

COMMISSION RECEIPT

In the amount of \$ _____

☐ PAID IN FULL ☐ BALANCE DUE \$ _____

Signature _____

Date _____

No personal checks.

Payment accepted: Certified check, business bank check or escrow check made to East Coast Realtor Inc.

East Coast Realtors Inc.

Tax ID: 20-5999729

License: 109924094

Agent Name: _____

Licensed ☐ Salesperson ☐ Associate Broker

East Coast Realtors Inc.

RENTAL COMMISSION INVOICE/RECEIPT - Save this document for your records.