



Apartment Commission Invoice Form

AGENT NAME _____ **DATE** _____

COMMUNITY NAME: _____

COMMUNITY ADDRESS: _____

CITY: _____ **ZIP:** _____

OFFICE PHONE: _____

RESIDENT NAME: _____

APT #: _____ **DATE LEASED:** ____ / ____ / _____

RENT: _____ **MOVE-IN DATE:** ____ / ____ / _____

LEASE TERM: _____ **VERIFY DATE:** ____ / ____ / _____

VERIFIED WITH WHOM: _____ (Usually Apartment Mgr)

COMMISSION RATE: _____ %

DATE INVOICED: ____ / ____ / _____ (Filled in by Klaus Homes Management)