

Commission Disbursement Authorization

Agent Name:				
Date of Closing:				
Type:	Sell	☐ Buy ☐ Lease		
Property:				
Address:				
Class:	Res	sidential Commercial	Multi-Family Lease	
Title Compar	ıy:			
Name:				
Closer:				
Address:				
Phone:				
Fax:				
Parties and F	l Name:	nt		
Buyer/Tenant Name:				
Price/Rent:				
Commission %:				
Commission Amount:				
Other Payments:		Bonus	Referral Fee	To Buyers
Forms Check	Sales	Information about Brokeraç Seller's Disclosure (TAR14	ge Services (TAR2501) 06) Execution Date (TAR1601) closing (If Listing) Im (TAR1906) ddendum (TAR1922)	TO Buyers
David Wetters -Bi	roker		——————————————————————————————————————	