



## Brokers Commission Bill

Date: \_\_\_\_\_

**Insignia Realty Associates**  
1363 Veterans Memorial Hwy  
Suite 9  
Hauppauge, NY 11788

**Property Address:** \_\_\_\_\_

\_\_\_\_\_

**Seller's Name:** \_\_\_\_\_

**Buyer's Name:** \_\_\_\_\_

Are you the Listing Agent \_\_\_\_\_

Commission Amount \$ \_\_\_\_\_

**Broker's license number: 10491210306**

Licensed RE Salesperson/Associate Broker's license number: \_\_\_\_\_

X \_\_\_\_\_  
Salesperson's Signature

(\_\_\_\_) \_\_\_\_\_  
Salesperson's phone #