

Commission Deposit Record

Associate Name: _____ Closing Date: _____

Property Address: _____

Seller: _____ Buyer: _____ Selling Price \$ _____

Co-Broker Realtor: _____ Cell Phone: _____

Agency of Co-Broke: _____

Would you recommend this realtor to join RE/MAX Right Choice: Yes No

Loan Officer: _____ Lender: _____

S Attorney: _____ B Attorney: _____

Source: Lead Street Call-in Past Customer Other (specify) _____

Type of Commission: (Check all that apply)

Listing Sale Rental Referral BPO Lease Service Fee

\$ _____ Total Gross Commission
subtract _____ Referral/Rental Fee *(if applicable – attach W-9)
\$ _____ Balance
subtract _____ Franchise Fee to RE/MAX Right Choice
\$ _____ Balance
subtract _____ % Split to RE/MAX Right Choice
\$ _____ Balance to Agent

DEDUCTIONS FROM BALANCE	NOTES
1) _____ Agent General Expenses	
2) _____ Children's Miracle Network \$30 Honor Card	
3) _____ E&O	
4) _____ Transaction Fee	
5) _____ Other	
\$ _____ Agent Net	

FOR ACCOUNTING ONLY

Date of Deposit _____ Date to be paid _____ Check # _____