

Team Commission Deposit Record

Associate Names: _____ 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

\$ _____

\$ _____

Team Splits

subtract _____

subtract _____

Franchise Fee to RE/MAX Right Choice

\$ _____

\$ _____

Balance

subtract _____

subtract _____

_____ % Split to RE/MAX Right Choice

\$ _____

\$ _____

Balance to Agent

DEDUCTIONS FROM BALANCE

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

\$ _____ **Agent Net**

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- 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 # _____