

CENTURY 21 AMERICAN PROPERTIES COMMISSION CLAIM

TODAY'S DATE: _____

DATE OF CLOSING: _____ ADDRESS: _____ SALES PRICE: _____

LISTING AGENT: _____ SELLING AGENT: _____

TOTAL COMMISSION FOR TRANSACTION: _____

LISTING SIDE

SALES SIDE

- 1. Total Commission Amount: _____
- 2. Referral Fee (-): _____
- 3. Balance (Line 1 - Line 2): _____
- 4. Multiply X 6% (C21 Fee): _____
- 5. Balance (Line 3 - Line 4): _____
- 6. Agent Commission Split (%): _____
- 7. Agent Commission (Line 5 x Line 6): _____
- 8. C21 Preferred Client Marketing (Company Will Pay 1/2) (YES/NO): _____
- 9. Amount Applied to Office Bill: _____
- 10. Requested Check Amount: _____

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- 9. Amount Applied to Office Bill: _____
- 10. Requested Check Amount: _____

AGENT: I certify that the information listed above is correct:

Agent Signature

SOURCE OF LEAD / CLIENT: _____

(Ex: Duty Call, Walk In, Sign Call, Friend, Sphere of Influence, C21 Referral, Direct Mail, Homeplace, etc)

(These Addresses Will Be Used for the Century 21 Preferred Client Marketing Program & for QSS)

EMAIL ADDRESSES FOR CLIENTS ARE REQUIRED IF YOU WANT A QUALITY SERVICE SURVEY TO BE SENT! IF NO EMAIL ADDRESS IS BELOW ONE WILL NOT BE SENT TO YOUR CLIENTS SO BE SURE TO WRITE IT IN!

SELLING CLIENT NEW ADDRESS:

BUYER CLIENT NEW ADDRESS:

EMAIL: _____

EMAIL: _____

FOR OFFICE ACCOUNTANT USE ONLY:

COMMISSION AMOUNT PAID ON BILL AMOUNT PAID TO AGENT CHECK # DATE