REMAX ONE

SALES & ESCROW COMMISSION REPORT

Property Address: _____

Sales Price: _____ **Transaction Type:** _____

Open Escrow Date: _____ **Close of Escrow Date:** _____

Seller (s): _____ **Buyer (s):** _____

_____ _____

Listing Office: _____ **Selling Office:** _____

Listing Agent: _____ Selling Agent: _____

Office Phone: _____ Office Phone: _____

Email: _____ Email: _____

Escrow Co: _____ **Escrow #:** _____

Officer: _____ Phone: _____

Address: _____ Email: _____

City & Zip: _____ Fax: _____

Commission Distribution:

REMAX One Gross Commission: _____

Admin Charge to: ☐ Buyer _____ ☐ Seller _____

Credit to: ☐ Buyer _____ ☐ Seller _____

Transaction Coordinator: _____

Referral: _____

Office Bill: _____

eCommission: _____

CMN Donation: ☐ $30 ☐ $50 ☐ $100 ☐ Other: $ _____

Other: _____

_____

Essential Services:

Title: _____ **Lender:** _____

NHD: _____ **Insurance:** _____

Home Warranty: _____

To pay by credit card → Call the Service Center at 818-366-3300.
To pay by check → Pay to the Order of: **REMAX One** and Mail to:: **11141 Tampa Ave. Northridge, CA 91326**