

Agent Name \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

## COMMISSION DEMAND

Date \_\_\_\_\_

Escrow Officer \_\_\_\_\_ Escrow Number \_\_\_\_\_

Title Company \_\_\_\_\_

Title Co. Phone \_\_\_\_\_ Title Co. Fax \_\_\_\_\_

Property Address \_\_\_\_\_

Buyer \_\_\_\_\_ Buyer \_\_\_\_\_

Seller \_\_\_\_\_ Seller \_\_\_\_\_

### YOU ARE HEREBY INSTRUCTED TO DO THE FOLLOWING:

**Gross Commission:** \$ \_\_\_\_\_ X \_\_\_\_\_ = **Amount\*** \$ \_\_\_\_\_  
Sales Price Commission %

(\* Franchise Fee will be deducted from Total Gross Commission, per transaction)

**Less Credit†:** ☐ Buyer ☐ Seller ☐ Other \_\_\_\_\_ \$ ( \_\_\_\_\_ )

(† Credit can only be processed through escrow and shown in Final HUD1)

**Less Referral Fee** \_\_\_\_\_ \$ ( \_\_\_\_\_ )  
Payable to

**Transaction Coordinator** \_\_\_\_\_ \$ ( \_\_\_\_\_ )  
Payable to

**Balance Due — Payable to: BHHS Elite Real Estate** **TOTAL** \$ \_\_\_\_\_

**AGENT(S) WILL BE HELD RESPONSIBLE FOR ANY LOSS SUFFERED AT CLOSE OF ESCROW  
DUE TO NON-COMPLIANCE WITH THE POLICIES OF BHHS ELITE REAL ESTATE**

Broker Signature: \_\_\_\_\_  
Robert T. Do

\_\_\_\_\_ Date

### BROKER SIGNATURE MUST BE VALID — NO EXCEPTIONS

BHHS Elite Real Estate  
Wells Fargo Bank  
Routing # 121000248  
Acct # 3498216724

Please Contact Alejandra Acosta for  
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