

# **DAVINO & ASSOCIATES, LLC**

## **COMMISSION DISBURSEMENT**

DATE \_\_\_\_\_ SALE \_\_\_\_\_ RENTAL \_\_\_\_\_ OTHER \_\_\_\_\_

ADDRESS OF PROPERTY \_\_\_\_\_

SELLER/LESSOR \_\_\_\_\_

BUYER/LESSEE \_\_\_\_\_

CLOSING DATE \_\_\_\_\_ CLOSING AGENT \_\_\_\_\_

SALE/RENTAL AMT. \$ \_\_\_\_\_

Total Commission \_\_\_\_\_ % \$ \_\_\_\_\_

Listing Office \_\_\_\_\_ % \$ \_\_\_\_\_

Selling Office \_\_\_\_\_ % \$ \_\_\_\_\_

Agent Bonus \$ \_\_\_\_\_

Associate Split \_\_\_\_\_ % \$ \_\_\_\_\_

Deductions: Referral fees\* \_\_\_\_\_ Processing fee \_\_\_\_\_ (-) \$ \_\_\_\_\_  
Referral Company/Agent \_\_\_\_\_

TOTAL COMMISSION DUE ASSOCIATE \$ \_\_\_\_\_

Associate \_\_\_\_\_

Listing Office \_\_\_\_\_ Selling Office \_\_\_\_\_

### **TITLE AGENT INSTRUCTIONS**

Please disburse brokerage fees/Commission as follows:

Processing fee \$ \_\_\_\_\_ Pay to: Davino & Assoc. LLC

Brokerage Commission \$ \_\_\_\_\_ Pay to: Davino & Assoc. LLC

Associate Commission \$ \_\_\_\_\_ Pay to: \_\_\_\_\_

Broker Authorization \_\_\_\_\_  
Michael J. Davino or Gregory S. Piper Broker Date

<http://www.state.fl.us/dbpr/refrectoc.shtml>