

PROPERTY ADDRESS: _____

AGENT REPRESENTS TENANT LANDLORD BOTH

TENANT AGENT: _____

LANDLORD AGENT: _____

License #: _____

License #: _____

Phone: _____

Phone: _____

Email: _____

Email: _____

Company: _____

Company: _____

Tax ID#: _____

Tax ID#: _____

TENANT: _____

LANDLORD: _____

Address: _____

Address: _____

Phone: _____

Phone: _____

Email: _____

Email: _____

Tax ID#: _____

Apt Complex Name: _____

Total Gross Rent: \$ _____

Commission Amount: \$ _____

Payable To: EPIQUE INC | Tax ID #88-1190134

Mailing Address: 16225 PARK TEN PL STE 500 HOUSTON, TX 77084

Digital Checks to: transactions@epiquerealty.com

Wiring Info: Epique Inc | ABA: 091311229| ACCT: 202300764864| Choice Financial Group

Email Picture of Check to: transactions@epiquerealty.com

PLEASE ATTACH THIS INVOICE WITH PAYMENT