



BROKER INVOICE FORM

Broker Information

Sales Rep:	Broker Company:		
Address:	City:	State:	Zip:
Email:	Phone:	Fax:	

Lease Information

Lessee Name:			
Equipment Cost:		Residual Option: 10%	
Monthly Payment:	Term:	Advance Payments:	
Sales Tax Attributed Per Payment:		Security Deposit:	
Lessor Doc Fee:		Other Fees Paid to ALL:	

Rate Information (From Doc Request)

Buy Rate:	Sell Rate:	Total Rate:
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Commission Information:

Broker Commission Due:	(+) Broker Doc Fees:
(-) Prepayments Received:	(=) Net Commission Due:

Broker Check Preference:

PICK UP IN PERSON

OVERNIGHT

REGULAR MAIL

Vendor Payment Preference:

WIRE

OVERNIGHT

-----FOR INTERNAL USE ONLY (DO NOT WRITE BELOW THIS LINE)-----

Approved on _____ by _____

Funding Check # or Wire Confirmation #: _____ On _____

Broker Check #: _____ On _____