



## LEASE INVOICE

<b>FROM:</b> _____	<b>TO:</b> _____
<b>ADDRESS:</b> 12515-8 Research Blvd. Suite 100 Austin, TX 78759	<b>ADDRESS:</b> _____
<b>PHONE:</b> _____	<b>PHONE:</b> _____
<b>FAX:</b> _____	<b>FAX:</b> _____

PROPERTY: \_\_\_\_\_

TENANT: \_\_\_\_\_

DATE LEASED: \_\_\_\_\_

COMMENMCEMENT DATE: \_\_\_\_\_

GROSS RENT: \_\_\_\_\_

COMMISSION PERCENT: \_\_\_\_\_

COMMISSION DUE: \_\_\_\_\_

LEASE NUMBER: \_\_\_\_\_

LEASING AGENT: \_\_\_\_\_

**Make all checks payable to: KELLER WILLIAMS REALTY, Northwest Market Center #8  
512-346-3550 Office**

**THANK YOU FOR YOUR BUSINESS!**