



THE MICHAEL GROUP REAL ESTATE

Residential/Apartment Lease Invoice

Date: _____ Invoice # _____

To: _____

From: _____

Property Address _____

Name on Lease _____

Apt. # _____ Term of Lease _____

Rental Amount _____

TMG Agent Commission Due _____

Other Broker/Agent Commission Due _____

Other Broker/Agent Name _____

Please disburse funds payable in full and mail to:

The Michael Group, LLC
1845 Precinct Line # 201
Hurst, Texas 76054
Ph 817-577-9000
Fax 817-577-9004
