

COMMISSION DISBURSEMENT WORKSHEET – Yellow Sheet Side 1

Standard Risk Management Deductions:
\$ 100.00 for every sale or lease per Agent

In-House Sale Risk Management Deductions:
\$ 100.00 on each side for in-house sales or lease

Property Address (include City and Zip code) _____ Seller _____ Buyer _____

Contract date: _____ Sales/Leased Price: _____ COE: _____

Who did you represent? _____ Buyer or _____ Seller

Agent % from Sale _____ **Total Gross Commission: \$** _____

Referral: Global Mobility Solution Referral _____ Yes or _____ No

Global Mobility Solutions referrals are at 50% **Amount: \$** _____

Complete next section only if a referral from a company other than GMS.

Other Referral Company Name: _____

Address: _____

Company Tax ID Number: _____ **Referral Fee: (%) - \$** _____

Balance of Commission: \$ _____

YRO Agent #1 Name _____ (Agent #1 balance) \$ _____

TRX Fee	\$ _____
E & O and DotLoop	\$ <u>100.00</u>
Other	\$ _____

Total due Agent # 1 after deductions \$ _____

YRO Agent #2 Name _____ (Agent #2 balance) \$ _____

TRX Fee	\$ _____
E & O and DotLoop	\$ <u>100.00</u>
Other	\$ _____

Total due Agent # 2 after deductions \$ _____

Balance to Your REALTY Office™ \$ _____

Make sure your numbers are correct, any re-cutting of checks will result in a
\$100 RE-CUT CHARGE and a delay in receiving your money.

Associates Signature required

Associates Signature required

Yellow Sheet – Side 2

ORDER TO PAY - Your REALTY Office™

Your REALTY Office™
8426 E. Shea Blvd, Scottsdale, AZ 85260
Tel: 480.664.6685 Fax: 480.664.6601

COE Date: _____ Escrow Number: _____

Property Address: _____

Seller: _____ Buyer: _____

To: _____
(Title Company & Escrow officer)

_____ Title Company Phone Number

_____ Title Company Fax Number

You are hereby instructed and directed to pay a Real Estate Broker Commission from the funds due at the close of escrow of the above referenced property as follows:

*****Deliver HUD and Copy of Agent Check to Your REALTY Office*****

Please issue individual checks as indicated below. **All referral checks must be included in the Your Realty Office check for final disbursement. No referral checks to be paid out of escrow**

Gross Total ** \$ _____

- 1. To: Your REALTY Office™ \$ _____
- 2. To (YRO Agent #1): _____ \$ _____
- 3. To (YRO Agent #2): _____ \$ _____

Agents Are To Be Given Checks

Deliver Your REALTY Office™ Check Detailed Above and Closing Package By Runner To The Above Mentioned Address. Deliver Agent's check to:

This **Order To Pay** commission is strictly confidential and is not to be shared with any other companies or individuals other than Your REALTY Office™ management and Title Company personnel involved with this transaction.

All closing statements, in accordance with state law, should reflect the Gross Total of commission due Your REALTY Office™ as shown above.

The Foregoing is hereby approved by either:

By: _____
Cheryl Bouwens, Designated Broker

or _____
Steve Ziomek, President