



# Lease Invoice

Type of Agent:  Lessee's  Lessor's  Both

Lessee/Tenant Agent: _____	Lessor/Landlord Agent: _____
Address: _____	Address: _____
Phone: _____	Phone: _____
Email: _____	Email: _____
Tax ID#: _____	Tax ID#: _____

Lessee: _____	Lessor: _____
Address: _____	Address: _____
Phone: _____	Phone: _____
Email: _____	Email: _____

Property Address: \_\_\_\_\_

Date Lease Ratified: \_\_\_\_\_

Settlement (Move in) Date: \_\_\_\_\_

Lease Termination Date: \_\_\_\_\_

Total Gross Rent: \_\_\_\_\_

Commission Percent: \_\_\_\_\_

Commission Due: \_\_\_\_\_

## Instructions

Make all checks payable to: eXp  
Realty Tax ID# 47-5497340

Mail to: U.S. Postal Service mailing send to  
eXp Realty  
PO Box 787962  
Philadelphia 19178-7962

For **overnight deliveries** via courier use the address below. However, please inform the remitters that use of this address for payments mailed via the U.S. Postal Service will result in delays.

This address is to be used for **overnight deliveries** only!

Lockbox Services 413170  
EXP Realty  
Lockbox #787962  
MAC Y1372-045  
401 Market Street  
Philadelphia, PA 19106