



# Sale & Lease C.D.A (commission disbursement authorization)

Property type:  SGF.  Condo/TH.  Multi-family.  Land  New Construction  Commercial

Title Co. \_\_\_\_\_ Fax: ( ) \_\_\_\_\_ Email: \_\_\_\_\_  
Closer \_\_\_\_\_ Tel: ( ) \_\_\_\_\_ ml/gf # \_\_\_\_\_  
PROP. Addr: \_\_\_\_\_ City \_\_\_\_\_ zip 77 \_\_\_\_\_  
ASSOCIATE: \_\_\_\_\_ Tel: \_\_\_\_\_ F: \_\_\_\_\_  
Client: \_\_\_\_\_ Generated by  Company  Agent  
Contract Date: \_\_\_\_\_ Closing date: \_\_\_\_\_ /  Sale Contract.  Inspect. Report  Contract  
Amendment  Listing Agreemen.  All Disclosures  Closing Statement

**SALE OR RENTAL PRICE**... Selling Side  Listing Side.....\$ \_\_\_\_\_

**1. COMMISSION** include BTSA +  Bonus +  Referral +  \$60.00 Buyer Adm.  Rental ... (1) \$ \_\_\_\_\_  
{x} 1-A. **DISBURSE Referral Fee**  15%/  25%  35% on line 1). \_\_\_\_\_ (1A) \$ \_\_\_\_\_  
1 .B. **DISBURSE** to Co-Op Broker..... (1B) \$ \_\_\_\_\_  
{x} **DISBURSE** To Principle via Client Rebate Authorization Form ..... \$ \_\_\_\_\_

**2. COMMISSION** Subject to Split ( line 2 minus lines 1A & 1B-) ..... (3) \$ \_\_\_\_\_

3.  **Listing Tr. Fee** \$ \_\_\_\_\_  **Selling Tr.** \$ \_\_\_\_\_ or \_\_\_\_\_% of line 3..... (4)..... \$ \_\_\_\_\_

4. **Other Office Fees** (see itemized fees below) ..... 4. .. \$ \_\_\_\_\_  
 E & O Insurance:  Residential \$49.00  Commercial \$150.00.....\$ \_\_\_\_\_  
 Past Due Sponsoring Fee from \_\_\_\_\_ / \_\_\_\_\_ / 0 to \_\_\_\_\_ / \_\_\_\_\_ / 0 \$ \_\_\_\_\_  
 Sponsoring Fee Deduction Charge.....\$ 25.00  applied  
 Late charge \$2/day from \_\_\_\_\_ to \_\_\_\_\_ = \_\_\_\_\_ days x 2 = \$ \_\_\_\_\_  
 Surcharge: 10% excess of \$5000 on line 1 ( for 100% Plan Only).... \$ \_\_\_\_\_  
 Other: \_\_\_\_\_ \$ \_\_\_\_\_  
 Company credit owed to agent \_\_\_\_\_ \$( \_\_\_\_\_)  
**TOTAL OTHER EXPENSE** (Enter TOTAL on Line 4 Above)..... \$ \_\_\_\_\_

{ x } **5. DISBURSE** to Broker Office (Add line 4+5) Payable to **Realty Solution** (6) **OFFICE CHECK** \$ \_\_\_\_\_  
{ x } **6. DISBURSE** to the **Associate** (line 3 MINUS line 6) ..... (7) **ASSOCIATE CHECK** \$ \_\_\_\_\_

**Disbursed Checks Recapped:**

\$ \_\_\_\_\_ **Referral Fee to:** \_\_\_\_\_  
\$ \_\_\_\_\_ **to Client** \_\_\_\_\_  
\$ \_\_\_\_\_ **to Broker Office** \_\_\_\_\_  
\$ \_\_\_\_\_ **to Associate** \_\_\_\_\_  
**Total \$** \_\_\_\_\_ = **Commission on line 1**

**CLOSER: PLEASE DELIVER ALL CHECKS, + HUD+ CDA DIRECTLY TO**

**Realty Solution**

**11511 Katy Freeway ste#640, Houston, Texas 77079**

Tel: 281-556-0077. Ext. 104. Fax 281-556-8001 Broker Email: eugene@realtysolution.com

\_\_\_\_\_  
Signature of Broker or Authorized Staff  
Must Have Full Document Before Signing

\_\_\_\_\_  
Date Faxed To Closer  
rev081109

Eugene Brusco, Broker