

CLOSING BILL

Date: _____

Property Address: _____

Agent Name: _____

Agent Contact Number: _____

Agent Email: _____

Agent DOS#: _____

Office DOS#: **10991213047** _____

Selling Price: \$ _____

Commission Due: \$ _____

Payable To: **Keller Williams Realty Gold Coast**

Approved By:

Keller Williams Realty Gold Coast

By: _____

Agent (Print)

Date

(Sign)

Date