



## COMMISSION DEMAND

PROPERTY ADDRESS: \_\_\_\_\_

Title Company: \_\_\_\_\_

Escrow Officer & Number: \_\_\_\_\_

Close of Escrow Date: \_\_\_\_\_

Final Sales Price \$ \_\_\_\_\_

Amount due to Homebids (1/2% of Sales Price) \$ \_\_\_\_\_

Please send amount due to:

Homebids  
Attn: Partner Program  
319 Monte Albers Way  
Danville, CA 94506

Agent signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please submit completed form to [info@usahomebids.com](mailto:info@usahomebids.com) and your escrow officer prior to your close of escrow date.