



### Broker Payment Agreement

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

Realty Company Name: \_\_\_\_\_  
Attn: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_

Salesperson Name: \_\_\_\_\_  
Broker Name: \_\_\_\_\_  
Broker Company: \_\_\_\_\_

Lessor Name: Weston Commercial Center

Lessee Name: \_\_\_\_\_  
Lessee Company Name: N/A

**Demised Premises Lessee:** \_\_\_\_\_ **Glades Circle, Weston, FL 33327**

**Lessee's Demised Premises Suite Number:** \_\_\_\_\_ **Suite:** \_\_\_\_\_

**Lessee Execution Date:** \_\_\_\_\_

**Lease term:** \_\_\_\_\_

Lessor (Weston Commercial Center) will pay a commission to \_\_\_\_\_ **shortly after Lessee's first month** is completed for the above Lease. Projected Date of 1<sup>st</sup> months rent is \_\_\_\_\_ 20\_\_\_\_.

Broker will receive a total of \$\_\_\_\_\_ (\_\_\_\_\_% of total Lease payments of (\$\_\_\_\_\_)).

Broker will receive no commissions on renewals or extensions.

Please forward your License number and Federal ID number on your company letterhead.

**NOTE: Stipulations**

1. Commission will not be paid unless lease is executed and checks have cleared.
2. Weston Commercial Center and Broker must sign Broker Payment Agreement form to be valid.

**ACCEPTED AND APPROVED:**

By Company: \_\_\_\_\_ Date \_\_\_\_\_ By Weston Commercial Center \_\_\_\_\_ Date \_\_\_\_\_

Signature Broker: \_\_\_\_\_ Signature: Property Manager \_\_\_\_\_

Broker Printed Name: \_\_\_\_\_ Loren Jo Van de Grift \_\_\_\_\_

Attachment: Lease Agreement: Page 1 of 6, Page 6 of 6

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