

Bill To:	Insured:	Agent:	CSR:	Acct Exc:
<p>Great Agency Inc  2200 65th Street Suite 110  Brooklyn, NY 11204</p> <p>Attn:  Submission No:</p>				

INVOICE

Invoice Date:	Invoice Number:	Page:
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Insured:	<div>INVOICE PAYMENT</div> <div>Payment Due On:</div>
DBA :	

Insurance Company:	Policy Number:	Effective:	Expires:

Type Of Transaction

Line Of Business

CompID

Amount

Comm(\$)

Net Due

Amount Invoiced:	Comm %	Commission	Invoice Amount

Note:

PLEASE RETURN COPY OF THIS INVOICE WITH YOUR PAYMENT