Firelight Realty

Florida License #CQ1071151

Commission Disbursement Authorization Form

Title Company: _____

Phone: _____ Fax: _____

Escrow Closer: _____ Email: _____

Property Address: _____ MLS#: _____

Listing Firm: _____ Agent Name: _____

Selling Firm: _____ Agent Name: _____

Sales Price: $_____ Closing Date: _____ Funding Date: _____

Firelight Realty is to receive _____% (Percent) commission as the ☐ Seller's ☐ Buyer's Broker, to be distributed as follows:

$_____to Firelight Realty

$_____to _____, an agent with Firelight Realty.
(PLEASE MAKE AGENT PORTION PAYABLE DIRECTLY TO AGENT)

*If applicable, please pay a referral fee of: $_____

To be deducted from the commission of: _____ and paid at

closing to: _____(See Attached Referral Form for Referring Agent Information)

Checks should be made payable to:

Firelight Realty LLC

989 Burlwood Ct.
Longwood, FL 32750

Have Questions? Call: 407-801-9534 or Email: Bryan@firelightrealty.us

*****Please include a HUD Closing Statement with the Check*****

Agent must have CDA signed by broker prior to any disbursement

_____ _____

Broker's Approval: Bryan Berns Date: