

## THE POLARIS GROUP LLP

7710 North Union Blvd, Suite 100K Colorado Springs, CO 80920

## Commission Disbursement Authorization

Date:	
	mm/dd/yyyy

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## **FORM INSTRUCTIONS**

Please release commission to the agent at closing, less any deductions as indicated below. If a wire transfer is selected, please contact broker for wiring instructions.

These instructions are not to be changed without the consent of Michael Sepulveda. If you have any questions regarding commission changes please email michael@thepolarisgroup.net or call (808) 859-0593.

Broker Name:				
Title Co:	Property Address:			
Attn:				
Closing Date:	dd/yyyy	Sal	e Price:	
O 11 4				
Seller 1:				
Seller 2:	Buyer 2:			
Additional Sellers:				
Additional Buyers:			row as foll	ows:
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Additional Buyers:			row as foll	ows:
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## **Attn: Title Closer**

Upon closing of transaction, please send closing package to compliance@thepolarisgroup.net

Signature:		Date:	
<b>U</b>	Authorized Signatory		mm/dd/yyyy