

RE: REAL ESTATE BROKERAGE FEE ON
THE RENTAL OF PROPERTY

AT: _____

Thank you for the opportunity to be of service to you in the
above referenced property. Our best wishes.

For and in consideration of services rendered in connection with the leasing
of the above captioned property:

SPiRALNY License#10991229396

Agent Name: _____ License #: _____

Invoice No. _____

Gross Rent:\$ _____

Tenant: _____

Lease Starting Date: _____

Lease Ending Date: _____

COMMISSION RATE: One Month \$ _____

Commission due to SPiRALNY \$ _____

Please make checks payable to: SPiRAL NY LLC

For Mailings :SPiRALNY 575 Fifth Ave, Floor 14
New York, NY 10017

Sincerely,

SPiRALNY

Signature: _____