

# Sales Commission Agreement

Date: [Insert Date]

Employee Name: [Insert Employee Name]

Employee Address: [Insert Employee Address]

Dear [Employee Name],

We are pleased to confirm your participation in our Sales Commission Program. This agreement outlines the terms and conditions of your commission compensation.

## 1. Commission Structure

You will receive a commission of [Insert Percentage]% on all sales made by you during your employment period.

## 2. Payment Schedule

Commissions will be calculated and paid on a [Insert Frequency, e.g., monthly] basis within [Insert Number of Days] days after the close of each period.

## 3. Conditions

To qualify for the commission, sales must be [Insert Conditions, e.g., finalized, paid invoices].

## 4. Termination

Upon termination of employment, any outstanding commissions will be paid in accordance with the company policy.

## 5. Acceptance

Please sign and return a copy of this agreement to confirm your acceptance of the terms outlined above.

Thank you for your contributions to our sales team. We look forward to a successful partnership.

Sincerely,

[Your Name]

[Your Position]

[Company Name]

[Company Address]

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Employee Signature: [Insert Signature]

Date: [Insert Date]