



Listing Input Form: Commercial/Industrial

Listing Information:

*Price: \$ _____	*Listing Type:	*Service Type:	*APN: _____
Low Range Price: \$ _____	<input type="checkbox"/> Exclusive Agency	<input type="checkbox"/> Full service	
	<input type="checkbox"/> Exclusive Right with Exception	<input type="checkbox"/> Limited Service	
	<input type="checkbox"/> Exclusive Right To Sell	<input type="checkbox"/> Entry Only	
	<input type="checkbox"/> Net		
*Property Type:	<input type="checkbox"/> Open		
<input type="checkbox"/> Commercial	Probate		
<input type="checkbox"/> Industrial			

Address Information:

*Street #: _____	Street Direction: _____	*Street Name: _____	Street Suffix: _____
*Area (see attached list): _____	*County: _____		
*City: _____	*State: _____	*Zip: _____	
*Cross Street: _____	*Thomas Guide Number: _____		

Other:

Present Loans: _____	Gross Equity: _____
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Features:

Features:		
<input type="checkbox"/> Air Conditioning	<input type="checkbox"/> Gift/Florist/Card Shops	<input type="checkbox"/> Repair Major
<input type="checkbox"/> Alley Access	<input type="checkbox"/> Ground Level Doors	<input type="checkbox"/> Retail
<input type="checkbox"/> Automotive/Service Stations	<input type="checkbox"/> In Foreclosure	<input type="checkbox"/> Security System
<input type="checkbox"/> Beauty Shop	<input type="checkbox"/> Leased Land	<input type="checkbox"/> Skylights
<input type="checkbox"/> Coin Operated	<input type="checkbox"/> Liquor Stores	<input type="checkbox"/> Sprinklers-Landscape
<input type="checkbox"/> Convenience Market/Dairy Supermarket	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Storage Tank
<input type="checkbox"/> Distribution/Wholesale	<input type="checkbox"/> Medical Office Mineral Rights	<input type="checkbox"/> Taverns/Cocktail
<input type="checkbox"/> Dry Cleaners	<input type="checkbox"/> Notice Of Default	<input type="checkbox"/> Lounges
<input type="checkbox"/> Elevator	<input type="checkbox"/> Overhead Crane	<input type="checkbox"/> Truck Dock
<input type="checkbox"/> Fee Land	<input type="checkbox"/> Probate	<input type="checkbox"/> Truck Well
<input type="checkbox"/> Fenced Yard	<input type="checkbox"/> Professional Office	<input type="checkbox"/> Video Store
<input type="checkbox"/> Fire Sprinkler System	<input type="checkbox"/> Rail Siding	
<input type="checkbox"/> Food Services	<input type="checkbox"/> Real Estate Owned	
<input type="checkbox"/> General Office	<input type="checkbox"/> Repair Cosmetic	

Property Description: The Property Description shall be used to describe the property. Physical and aesthetic characteristics of the property only. All text must be entered in the English language ONLY. The following are not allowed to appear in Property Desc.: Gate/Alarm Codes Lock box Combo, FSBO, Vacant, E-mail Addresses, Website Addresses, Phone Numbers, Agent, assistant, co-list or owner names, any language that violates Fair Housing/HUD guidelines.



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Features (continue from page 1)

Virtual Tour: The Virtual Tour field shall contain ONLY a live link to a Virtual Tour of the property. The Virtual Tour may not include such things as: agent/broker photos, agent/broker names, phone numbers, website address, e-mail addresses or advertising other than about the property, No messages or solicitation of any kind. (i.e. <http://www.google.com>).

Analysis:

*Gross Schedule Income: \$ _____	Vacancy Allowance: \$ _____ / _____ %	Land Value: \$ _____ / _____ %
Gross Operating Income: \$ _____	*Operating Expense: \$ _____ / _____ %	Improvements: \$ _____ / _____ %
*Net Operating Income: \$ _____	Loan Payment: \$ _____	Personal Property: \$ _____ / _____ %
Gross Spendable Income: \$ _____	Cap Rate: \$ _____	Total Tax: \$ _____ / _____ %

Gross Multiplier: _____

Tax Info:

Tax Area: _____ **Tax Year:** _____ **Tax Rate:** _____ %

Unit Info:

Unit #	Tenant Info	SQFT	Type	Length	Expires	Base Rent/ Month
			<input type="checkbox"/> Full Service Gross <input type="checkbox"/> Gross <input type="checkbox"/> Modified Gross <input type="checkbox"/> Other <input type="checkbox"/> Percent <input type="checkbox"/> Triple Net			
			<input type="checkbox"/> Full Service Gross <input type="checkbox"/> Gross <input type="checkbox"/> Modified Gross <input type="checkbox"/> Other <input type="checkbox"/> Percent <input type="checkbox"/> Triple Net			
			<input type="checkbox"/> Full Service Gross <input type="checkbox"/> Gross <input type="checkbox"/> Modified Gross <input type="checkbox"/> Other <input type="checkbox"/> Percent <input type="checkbox"/> Triple Net			
			<input type="checkbox"/> Full Service Gross <input type="checkbox"/> Gross <input type="checkbox"/> Modified Gross <input type="checkbox"/> Other <input type="checkbox"/> Percent <input type="checkbox"/> Triple Net			
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			<input type="checkbox"/> Full Service Gross <input type="checkbox"/> Gross <input type="checkbox"/> Modified Gross <input type="checkbox"/> Other <input type="checkbox"/> Percent <input type="checkbox"/> Triple Net			
			<input type="checkbox"/> Full Service Gross <input type="checkbox"/> Gross <input type="checkbox"/> Modified Gross <input type="checkbox"/> Other <input type="checkbox"/> Percent <input type="checkbox"/> Triple Net			

Total Base Income \$: _____

Overage Income 1 \$: _____

***Total Monthly Gross Scheduled Income 2 \$:** _____



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Expenses: Annual Operating Expense

Tax (New): _____	
Gardener: _____	
Gas & Electric: _____	
Janitor: _____	
Management: _____	
Elevator: _____	
Liability Insurance: _____	
Trash: _____	
Maintenance: _____	
Fire Insurance: _____	
Parking Lots: _____	
Licenses: _____	
Association: _____	
Water: _____	
Other Expenses: _____	Other Expense Desc: _____
*Total: _____	_____

Structure/Land: Building

*Year Built:	Year Refurb:	Price Per SQFT:	*Total Building Sqft:		
_____	_____	_____	_____		
Fire Sprinkler:	Permit for Add:	# of Units:	Mezzanine SQFT:	DIMENSIONS:	
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	
Stories:	Min Clearance:	Max Clearance:	Roof Age:		
<input type="checkbox"/> One Level <input type="checkbox"/> Two Level <input type="checkbox"/> Three or More Levels <input type="checkbox"/> Ground level	_____	_____	_____		
Construction:	Roof Type:			Sewer Status:	
<input type="checkbox"/> Block <input type="checkbox"/> Brick <input type="checkbox"/> Frame & Stucco <input type="checkbox"/> Metal <input type="checkbox"/> Tilt Up	<input type="checkbox"/> Asphalt Shingle <input type="checkbox"/> Comp/Shingle <input type="checkbox"/> Composition <input type="checkbox"/> Composition Roll <input type="checkbox"/> Concrete Tile	<input type="checkbox"/> Fire Retardant <input type="checkbox"/> Other-See Remarks <input type="checkbox"/> Rock/Stone <input type="checkbox"/> Shake-Wood <input type="checkbox"/> Shingle-Wood	<input type="checkbox"/> Spanish Clay Tile <input type="checkbox"/> Tar and Gravel <input type="checkbox"/> Tile	<input type="checkbox"/> Assessments <input type="checkbox"/> Bonds <input type="checkbox"/> Cesspool <input type="checkbox"/> In Street On Bond <input type="checkbox"/> In Street Paid	<input type="checkbox"/> In, Connected & paid <input type="checkbox"/> Septic Tank



Listing Input Form: Commercial/Industrial

Struct/Land: Land (continuation from 3)

Block #: _____	*Lot #: _____	*Tract #: _____	*SQFT: _____	# of Buildings: _____	Dimensions: _____
Storage Tanks: <input type="checkbox"/> Yes <input type="checkbox"/> No		Overhead Crane: <input type="checkbox"/> Yes <input type="checkbox"/> No		Zone: _____	

Zones:

Special Study: <input type="checkbox"/> Yes <input type="checkbox"/> No	Flood: <input type="checkbox"/> Yes <input type="checkbox"/> No	Coastal: <input type="checkbox"/> Yes <input type="checkbox"/> No	Slide: <input type="checkbox"/> Yes <input type="checkbox"/> No
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Plant/Office: Plant Data

Amp: _____	Volt: _____	Phase: _____	Cooling: <input type="checkbox"/> Yes <input type="checkbox"/> No
Heat Type:			
<input type="checkbox"/> Electric	<input type="checkbox"/> Other - See Remarks		
<input type="checkbox"/> Floor Furnace	<input type="checkbox"/> Propane		
<input type="checkbox"/> Forced Air	<input type="checkbox"/> Radiant		
<input type="checkbox"/> Gravity Heating	<input type="checkbox"/> Solar		
<input type="checkbox"/> Heat Pump	<input type="checkbox"/> Wall Electric		
<input type="checkbox"/> Natural Gas			

Plant Number of:

Toilets Men: _____	Toilets Women: _____	*Parking Spaces: _____	Parking Ratio: _____
Loading Docks: _____	Loading Wells: _____	Docks/Wells/ Grnd Lvl: _____	

Plant other:

Rail connections: <input type="checkbox"/> Yes <input type="checkbox"/> No	Load Doors Dim	Fenced SQFT:	Sky Lights: <input type="checkbox"/> Yes <input type="checkbox"/> No
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Plant Data:

Total SQFT: _____	# Offices: _____	AC Conditioning: <input type="checkbox"/> Yes <input type="checkbox"/> No	# Mens Toilets: _____	# Womens Toilets: _____
Heat Type:				
<input type="checkbox"/> Electric	<input type="checkbox"/> Other - See Remarks			
<input type="checkbox"/> Floor Furnace	<input type="checkbox"/> Propane			
<input type="checkbox"/> Forced Air	<input type="checkbox"/> Radiant			
<input type="checkbox"/> Gravity Heating	<input type="checkbox"/> Solar			
<input type="checkbox"/> Heat Pump	<input type="checkbox"/> Wall Electric			
<input type="checkbox"/> Natural Gas				



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Financial:

Possession:

- Close of Escrow
- Close Plus
- Close Plus 1
- Close Plus 2
- Close Plus 3
- Negotiable
- Other-See Remarks

*Terms:

- | | | |
|---|--|---|
| <input type="checkbox"/> All Inclusive Trust Deed | <input type="checkbox"/> FHA Loan | <input type="checkbox"/> VA Loan |
| <input type="checkbox"/> Cal Vet Loan | <input type="checkbox"/> Freddie Mac | <input type="checkbox"/> VA No Loan |
| <input type="checkbox"/> Cash | <input type="checkbox"/> Lease Option | <input type="checkbox"/> VA No No Loan |
| <input type="checkbox"/> Cash To Existing Loan | <input type="checkbox"/> Owner May Carry | <input type="checkbox"/> Subject To Other |
| <input type="checkbox"/> Cash to New Loan | <input type="checkbox"/> Owner Will Carry | <input type="checkbox"/> Submit |
| <input type="checkbox"/> Contract | <input type="checkbox"/> Real Estate Owned | <input type="checkbox"/> Trade |
| <input type="checkbox"/> Exchange | <input type="checkbox"/> Short Pay/Subject to Lender | <input type="checkbox"/> Trust Conveyance |
| <input type="checkbox"/> Fannie Mae | <input type="checkbox"/> Subject To Court | |

Financial Info As Of: _____

Financial: Loan Information

1st Deed Loan Amount: \$ _____	Per Month: _____	Rate: _____	Fee: _____	Assumable: <input type="checkbox"/> Yes <input type="checkbox"/> No
Loan Type:	Lender: _____			
<input type="checkbox"/> All Inclusive Trust Deed <input type="checkbox"/> Cal Vet <input type="checkbox"/> Clear <input type="checkbox"/> Contract <input type="checkbox"/> Conventional	<input type="checkbox"/> FHA <input type="checkbox"/> Other-See Remarks <input type="checkbox"/> Private <input type="checkbox"/> Veteran's Administration Loan			
2nd Deed Loan Amount: \$ _____	Per Month: _____	Rate: _____	Fee: _____	Assumable: <input type="checkbox"/> Yes <input type="checkbox"/> No
Loan Type:	Lender: _____			
<input type="checkbox"/> All Inclusive Trust Deed <input type="checkbox"/> Cal Vet <input type="checkbox"/> Clear <input type="checkbox"/> Contract <input type="checkbox"/> Conventional	<input type="checkbox"/> FHA <input type="checkbox"/> Other-See Remarks <input type="checkbox"/> Private <input type="checkbox"/> Veteran's Administration Loan			

Financial: Lease/Fees

*Land Fee/Lease: <input type="checkbox"/> Fee <input type="checkbox"/> Lease	Amount: \$ _____	Per: <input type="checkbox"/> Fee <input type="checkbox"/> Lease	Expires: _____
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Financial/ Additional Financial Information

Financial Remarks 1: _____
Financial Remarks 2: _____



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Listing Information:

*List Date: _____	*Expiration Date: _____
*Selling Office Compensation: \$ _____ or _____ %	*Dual Var/Rate of Commission: <input type="checkbox"/> Call For Information <input type="checkbox"/> No <input type="checkbox"/> See Remarks <input type="checkbox"/> Yes
*Showing Instructions: <input type="checkbox"/> Appointment Only <input type="checkbox"/> Call First <input type="checkbox"/> Call Listing Office <input type="checkbox"/> Direct <input type="checkbox"/> Drive By Only	*Key Safe Description: <input type="checkbox"/> Combo-See Remarks <input type="checkbox"/> Multiacc <input type="checkbox"/> No Key Safe <input type="checkbox"/> Other-See Remarks <input type="checkbox"/> Supra Key
<input type="checkbox"/> Do Not Contact Occupants <input type="checkbox"/> Go Direct <input type="checkbox"/> See Remarks <input type="checkbox"/> Subject To Inspection	<input type="checkbox"/> Supra-Damls <input type="checkbox"/> Supra-Gsbmls <input type="checkbox"/> Supra-MRMLS <input type="checkbox"/> Supra-Newport <input type="checkbox"/> Supra-Ocmls/Srmls/Hb
Office Comments: _____ _____ _____	

Office: Agent Information

*List Agent Public ID: _____	*Email Address 2: _____
* List Agent Name: _____	
* Home Phone: _____	*Fax: _____
*Fax: _____	*Pager: _____
*Email: _____	
*Office Name: _____	*Office ID: _____
*Phone: _____	*Fax: _____
Co-List Agent Public ID: _____	
* Co-List Agent Name: _____	
* Home Phone: _____	*Fax: _____
*Fax: _____	*Pager: _____
*Email: _____	
*Office Name: _____	*Office ID: _____
*Phone: _____	*Fax: _____

MLS:

*Free Internet Ad: <input type="checkbox"/> Yes <input type="checkbox"/> No	*Send Address: <input type="checkbox"/> Yes <input type="checkbox"/> No	Listing Paid: <input type="checkbox"/> Yes <input type="checkbox"/> No
*Photo Information: <input type="checkbox"/> Map, Sketched, or Photo Submitted <input type="checkbox"/> User Will Upload their Own Photo	Broker Loaded: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Photo Notes: _____		



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AREA (listed in alphabetical order)

601 ALHAMBRA	222 IDYLLWILD	699 OUT OF AREA
604 ALTADENA	633 INDUSTRY/LA PUENTE/VALINDA	213 PALA ROAD/RED HAWK
221 ANZA/AGUANGA/WARNER SPRINGS	634 LA CANADA FLINTRIDGE	646 PASADENA (NE)
605 ARCADIA	635 LA CRESCENTA/GLENDALE/ MONTROSE & ANNEX	645 PASADENA (NW)
287 ARROWHEAD AREA	204 LA CRESTA/SANTA ROSA WEST	648 PASADENA (SE)
606 ATWATER	684 LA VERNE	647 PASADENA (SW)
607 AZUSA	234 LAKE ELSINORE EAST	229 PERRIS
608 BALDWIN PK/IRWINDALE	239 LAKE ELSINORE SOUTH	649 PICO RIVERA
263 BANNING/BEAUMONT/CHERRY VALLEY	673 LAKE VIEW TERRACE	687 POMONA
205 BEAR CREEK	241 LAKE ELSINORE WEST	235 QUAIL VALLEY
289 BIG BEAR AREA	207 LDEN TRIANGLE/CALIF OAKS	688 RANCHO CUCAMONGA
265 BLOOMINGTON	677 LINCOLN HTS	285 RECHE CANYON
609 BRADBURY	267 LOMA LINDA	268 REDLANDS
610 BURBANK	637 LOS FELIZ	272 RIALTO
236 CANYON LAKE	212 LOS RANCHITOS/SANTIA RANCHOS/ CHAPARRAL RANCHOS	252 RIVERSIDE
681 CHINO	698 LYTLE CREEK	225 ROMOLAND
682 CHINO HILLS	231 MEAD VALLEY	651 ROSEMEAD/S. SAN GABRIEL
683 CLAREMONT	242 LAKE ELSINORE NORTHEAST	627 ROSSMOYNE & VERDU WOODLANDS
273 COLTON	210 MEADOWVIEW	652 ROWLAND HEIGHTS
248 CORONA	227 MENIFEE	288 RUNNING SPRINGS AREA
215 COUNTRY ROAD	284 MENTONE	220 SAGE
614 COVINA	216 MESA GRANDE/BELLA VISTA/MESA HIGHLANDS	274 SAN BERNARDINO
286 CRESTLINE AREA	251 MIRA LOMA/JURUPA VALLEY	689 SAN DIMAS
616 DIAMOND BAR	639 MONROVIA	654 SAN GABRIEL
617 DUARTE	685 MONTCLAIR	655 SAN MARINO
618 EAGLE ROCK	674 MONTEBELLO	203 SANTA ROSA SOUTH/TENAJA
675 EAST LOS ANGELES/CITY OF COMMERCE	679 MONTECITO HEIGHTS	672 SHADOW HILLS
619 EL MONTE	676 MONTEREY HILLS	656 SIERRA MADRE
621 EL SERENO	641 MONTEREY PARK	671 SILVER LAKE
264 FONTANA	259 MORENO VALLEY	657 SO. EL MONTE
290 FOREST FALLS AREA	680 MOUNT WASHINGTON	658 SO. PASADENA
219 FRENCH VALLEY	693 MT BALDY	228 SUN CITY
232 GAVALIN HILLS	208 MURRIETA EAST	659 SUNLAND/TUJUNGA
623 GLASSEL PARK	206 MURRIETA WEST	209 TEMECULA NORTH
246 GLEN IVY/ALBER HILL	678 N. WHITTIER	211 TEMECULA SOUTH
624 GLENDALE-CHEVY CHASE/E. GLENOAKS	250 NORCO	201 TEMECULA WEST
626 GLENDALE-NORTHWEST	642 NORTH HOLLYWOOD	661 TEMPLE CITY
628 GLENDALE-SOUTH OF 134 FWY	245 LAKE ELSINORE NORTH	690 UPLAND
629 GLENDORA	283 NORTH SAN DIE COUNTY	214 VALLE DE LOS CABALLOS/LOMA VISTA
217 GLENOAKS HILLS	230 NUEVO/JUNIPER FLATS	668 WALNUT
266 GRAND TERRACE	218 OAKRIDGE RANCHES/TUCALOTA/ VALLEY/GLENOAKS COUNTY	669 WEST COVINA
631 HACIENDA HEIGHTS	233 GOOD HOPE	202 WESTSIDE DELUZ/SANDIA/RANCHOS/ SANTA ROSA GROVES
223 HEMET/SAN JACINTO	686 ONTARIO	670 WHITTIER
276 HIGHLAND		240 WILDOMAR
632 HIGHLAND PARK		226 WINCHESTER
224 HOMELAND		269 YUCAIPA/CALIMESA
247 TEMESCAL VALLEY		



Payment Authorization for Recip Listings Only Form

Please complete this form only if you are reciprocating a listing to the following MLS'. **California Desert AOR, CLAW, I-tech, Socal MLS and South Bay AOR.**

Date: _____

Address of the Property: _____

City: _____ Zip Code: _____

Listing Agent Name: _____ Phone #: _____

Office Name: _____

Listing Fee \$25.00 (includes one photo)

Listing fee includes 1st *Photo	\$25.00
_____ # of Additional *Photos @ \$5.00 \$ _____	= \$ _____

Type of Credit Card: VISA [] M/C [] AM EXP [] OPTIMA []

Card # _____ Exp. Date _____

Name as it appears on Card _____

I authorize the Association to charge my credit/ATM Card indicated above for my listing. Please make all checks payable to Tricounties.

Signature _____

PHOTOS?

E-mail photo(s) to TricoPhotos@rPartner.net. Please be sure to type in the subject line the listing address or the listing number if you have it.

Photos are attached to this form by Disk, Print or Photo Prints (if you are bringing the photos in person).

***Preferred Fax Number:** _____
Please provide a fax number in case we have questions or your listing is incomplete, thank you!

***Contact Phone Number:** _____
Please provide a phone number in case we have questions or your listing is incomplete, thank you!

Please fax this form along with the reciprocal input listing form to **(909) 594-7156** Attn. MLS Department and if you have any questions about this form please contact us at (909) 594-5992.

Thank you!