



Listing Input Form: Commercial Lease

Listing Information:

*Price: \$ _____ Low Range Price: \$ _____	*Listing Type: <input type="checkbox"/> Exclusive Agency <input type="checkbox"/> Exclusive Right with Exception <input type="checkbox"/> Exclusive Right To Sell <input type="checkbox"/> Net <input type="checkbox"/> Open <input type="checkbox"/> Probate	*Service Type: <input type="checkbox"/> Full service <input type="checkbox"/> Limited Service <input type="checkbox"/> Entry Only	*Property Type: <input type="checkbox"/> Heavy MFG <input type="checkbox"/> Industrial <input type="checkbox"/> Light MFG <input type="checkbox"/> Mixed Usage <input type="checkbox"/> Other/See Remarks <input type="checkbox"/> Recreation <input type="checkbox"/> Restaurant/Food Use <input type="checkbox"/> Warehouse
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Address Information:

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

Other:

Min Term Dur: _____	Months/Years: <input type="checkbox"/> Months <input type="checkbox"/> Weeks	Lease Type: <input type="checkbox"/> Full Service Gross <input type="checkbox"/> Gross <input type="checkbox"/> Industrial Gross <input type="checkbox"/> Modified Gross <input type="checkbox"/> Modified Net	<input type="checkbox"/> Net <input type="checkbox"/> Other See Remarks <input type="checkbox"/> Percent <input type="checkbox"/> Sublease <input type="checkbox"/> Triple Net	*Percent Leased: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other	*Pass Thru: <input type="checkbox"/> Yes <input type="checkbox"/> No
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Property Features: (continued on page 2)

<input type="checkbox"/> 24 Hour Access	<input type="checkbox"/> Furnished	<input type="checkbox"/> Recreational Facilities Available
<input type="checkbox"/> Air Conditioned	<input type="checkbox"/> General Office	<input type="checkbox"/> Retail
<input type="checkbox"/> Alley Access	<input type="checkbox"/> Gift/Florist/Card Shops	<input type="checkbox"/> Secretarial Services Available
<input type="checkbox"/> Automotive/Service Stations	<input type="checkbox"/> Ground Level Door	<input type="checkbox"/> Security System
<input type="checkbox"/> Balcony	<input type="checkbox"/> In Foreclosure	<input type="checkbox"/> Separate Free Standing Building
<input type="checkbox"/> Beauty Shop	<input type="checkbox"/> Lease Option	<input type="checkbox"/> Skylights
<input type="checkbox"/> Cafeteria/Restaurant On Site	<input type="checkbox"/> Leased Land	<input type="checkbox"/> Sprinklers/Landscape
<input type="checkbox"/> Coin Operated	<input type="checkbox"/> Liquor Stores	<input type="checkbox"/> Storage Tank
<input type="checkbox"/> Convenience Market/Dairy/Supermarket	<input type="checkbox"/> Load Factor	<input type="checkbox"/> Street Frontage
<input type="checkbox"/> Distribution/Wholesale	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Submit Desired Terms
<input type="checkbox"/> Dry Cleaners	<input type="checkbox"/> Medical Labs On Site	<input type="checkbox"/> Tavern/Cocktail Lounges
<input type="checkbox"/> Elevator	<input type="checkbox"/> Medical Office	<input type="checkbox"/> Truck Dock
<input type="checkbox"/> Fee Land	<input type="checkbox"/> Mezzanine	<input type="checkbox"/> Truck Well
<input type="checkbox"/> Fenced Yard	<input type="checkbox"/> Month To Month Lease	<input type="checkbox"/> Video Store
<input type="checkbox"/> Fire Sprinkler System	<input type="checkbox"/> Overhead Crane	
<input type="checkbox"/> Fixtures/Equipment Included	<input type="checkbox"/> Part Of A Larger Building	
<input type="checkbox"/> Food Services	<input type="checkbox"/> Professional Office	
<input type="checkbox"/> Freeway Visibility	<input type="checkbox"/> Rail Siding	



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Features: (continued from page 1)

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.

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>).

Lease Space:

*Address or Space#	SQFT	*\$/SQFT	*Dimensions	Rent/ Mo	*CAM	*Chg Term	*Poss	*Lease Type: *see below
*Total Avail SQFT: _____ sqft								

*Lease Type:

1. Full Service Gross	6. Net
2. Gross	7. Other See Remarks
3. Industrial Gross	8. Percent
4. Modified Gross	9. Sublease
5. Modified Net	10. Triple Net



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Structure/Land: Building

*Year Built: _____	Year Refurb: _____	Stories: <input type="checkbox"/> One Level <input type="checkbox"/> Two Level <input type="checkbox"/> Three or More Levels <input type="checkbox"/> Ground level	*Total Building Sqft: _____	SQFT Source: <input type="checkbox"/> Assessor's Data <input type="checkbox"/> Builder's Data <input type="checkbox"/> Estimated <input type="checkbox"/> Other <input type="checkbox"/> Seller <input type="checkbox"/> Taped
# of Units: _____	Roof Age: _____	Fire Sprinkler: <input type="checkbox"/> Yes <input type="checkbox"/> No	*Total Lease Sqft: _____	*SQFT Source: <input type="checkbox"/> Assessor's Data <input type="checkbox"/> Builder's Data <input type="checkbox"/> Estimated <input type="checkbox"/> Landlord/Lessor/Other <input type="checkbox"/> Not Taped <input type="checkbox"/> Owner Other See Remarks <input type="checkbox"/> Taped
# Prk Spaces: _____	Parking Ratio: _____	Total Avail SQFT: _____	Price Per SQFT: _____	
Roof Materials: <input type="checkbox"/> Asphalt Shingle <input type="checkbox"/> Composition Roll <input type="checkbox"/> Metal <input type="checkbox"/> Other <input type="checkbox"/> Rock/Stone <input type="checkbox"/> Shingle Wood <input type="checkbox"/> Tile	Parking: <input type="checkbox"/> Gated parking <input type="checkbox"/> Guarded Parking <input type="checkbox"/> Metered <input type="checkbox"/> On Site <input type="checkbox"/> Other-See Remarks <input type="checkbox"/> Private <input type="checkbox"/> Public	<input type="checkbox"/> Street <input type="checkbox"/> Subterranean/Structure		
Tenant Pays: <input type="checkbox"/> ADA Upgrades <input type="checkbox"/> Air Cond/ Heat Maint <input type="checkbox"/> Electricity <input type="checkbox"/> Environmental Phase <input type="checkbox"/> 1 Sudy <input type="checkbox"/> Exterior Maint <input type="checkbox"/> Gardener <input type="checkbox"/> Gas	<input type="checkbox"/> Insurance <input type="checkbox"/> Interior Maint. <input type="checkbox"/> Janitorial <input type="checkbox"/> Merch.. Assn <input type="checkbox"/> Other Remarks <input type="checkbox"/> Parking Lot Maint <input type="checkbox"/> Property Management Fee	<input type="checkbox"/> Roof Maint <input type="checkbox"/> Seismic Retrofit <input type="checkbox"/> Sign Maint <input type="checkbox"/> Special Insurance <input type="checkbox"/> Taxes <input type="checkbox"/> Trash <input type="checkbox"/> Water	Constructions: <input type="checkbox"/> Block <input type="checkbox"/> Brick <input type="checkbox"/> Frame & Stucco <input type="checkbox"/> Metal <input type="checkbox"/> Tilt Up	

Land:

Land SQFT: _____	SQFT Source: _____	# of Buildings: _____	Land Dimensions: _____
Water Source: <input type="checkbox"/> District <input type="checkbox"/> Other <input type="checkbox"/> Private <input type="checkbox"/> Well	Sewer Status: <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	Zone: _____

Zones:

Special Study: <input type="checkbox"/> Yes <input type="checkbox"/> No	Flood: <input type="checkbox"/> Yes <input type="checkbox"/> No	Seismic Hazard: <input type="checkbox"/> Yes <input type="checkbox"/> No
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Plant Data:

Amp: _____		Volt: _____		Phase: _____	
Floor Type:		Heat Type:		Air Conditioning:	
<input type="checkbox"/> Ceramic Tile	<input type="checkbox"/> Parquet	<input type="checkbox"/> Electric	<input type="checkbox"/> Other - See Remarks	<input type="checkbox"/> Central	<input type="checkbox"/> Other- See Remarks
<input type="checkbox"/> Concrete Slab	<input type="checkbox"/> Raised Foundation	<input type="checkbox"/> Floor Furnace	<input type="checkbox"/> Propane	<input type="checkbox"/> Electric	<input type="checkbox"/> Wall Window
<input type="checkbox"/> Hardwood	<input type="checkbox"/> Sheet Vinyl	<input type="checkbox"/> Forced Air	<input type="checkbox"/> Radiant	<input type="checkbox"/> Evaporative Cooler	<input type="checkbox"/> Window Unit
<input type="checkbox"/> Marble	<input type="checkbox"/> Vinyl Tile	<input type="checkbox"/> Gravity Heating	<input type="checkbox"/> Solar	<input type="checkbox"/> Gas	
<input type="checkbox"/> Other-See Remarks	<input type="checkbox"/> Wall to Wall Carpet	<input type="checkbox"/> Heat Pump	<input type="checkbox"/> Wall Electric	<input type="checkbox"/> Heat Pump	
	<input type="checkbox"/> Wood	<input type="checkbox"/> Natural Gas			

Plant Number of:

Toilets Men: _____	Toilets Women: _____	Overhead Crane: _____	
Storage Tank: _____	Loading Docks: _____	Loading Wells: _____	Docks/Wells/ Grnd Lvl: _____
Offices: _____	Office Restroom: _____	Common: _____	Handicap: _____

Plant other:

Rail connections:	Sky Lights:	Elevator	Signage:	Window Covers:
<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No
Loading Drs Dim: _____	Min Clearance: _____	Span: _____	Fenced SQFT: _____	

Office Data:

Total SQFT: _____	# Offices: _____	Common Toilets: _____	Handicap Toilets: _____	Total Toilets: _____
Janitorial:	Jan Days/Wk: _____	Elevator	Window Covers:	Signage:
<input type="checkbox"/> Yes		<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
<input type="checkbox"/> No		<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No
Floor Type:		Heat Type:	Air Conditioning:	
<input type="checkbox"/> Ceramic Tile	<input type="checkbox"/> Raised Foundation	<input type="checkbox"/> Electric	<input type="checkbox"/> Other/ See Remarks	<input type="checkbox"/> Heat Pump
<input type="checkbox"/> Concrete Slab	<input type="checkbox"/> Sheet Vinyl	<input type="checkbox"/> Floor Furnace	<input type="checkbox"/> Propane	<input type="checkbox"/> Other-See Remarks
<input type="checkbox"/> Hardwood	<input type="checkbox"/> Vinyl Tile	<input type="checkbox"/> Forced Air	<input type="checkbox"/> Radiant	<input type="checkbox"/> Wall Window
<input type="checkbox"/> Marble	<input type="checkbox"/> Wall to Wall Carpet	<input type="checkbox"/> Gravity Heating	<input type="checkbox"/> Solar	<input type="checkbox"/> Window Unit
<input type="checkbox"/> Other-See Remarks	<input type="checkbox"/> Wood	<input type="checkbox"/> Heat Pump	<input type="checkbox"/> Wall Elec- tric	
<input type="checkbox"/> Parquet		<input type="checkbox"/> Natural Gas		
Location Type:		Location Within Building:		
<input type="checkbox"/> Business Park	<input type="checkbox"/> Medical Center	<input type="checkbox"/> Strip Center	<input type="checkbox"/> Balcony/ Mezzanine	<input type="checkbox"/> Other/ See Remarks
<input type="checkbox"/> Corner	<input type="checkbox"/> Neighborhood Center	<input type="checkbox"/> Town Center	<input type="checkbox"/> Basement	<input type="checkbox"/> Penthouse
<input type="checkbox"/> Discount Mall/Outlet	<input type="checkbox"/> Old Town	<input type="checkbox"/> Waterfront	<input type="checkbox"/> Executive Suite	<input type="checkbox"/> Portion of Larger Suite
<input type="checkbox"/> Downtown	<input type="checkbox"/> Other/See Remarks		<input type="checkbox"/> Ground Floor	<input type="checkbox"/> Subdivisible
<input type="checkbox"/> Free Standing	<input type="checkbox"/> Redevelopment Area		<input type="checkbox"/> Mid Level	<input type="checkbox"/> Various Location/Floor
<input type="checkbox"/> High Rise	<input type="checkbox"/> Regional Mall		<input type="checkbox"/> Multi Level Suite	



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Retail: Retail Information

Anchor Tenant: <input type="checkbox"/> Yes <input type="checkbox"/> No	Anchor Tenant: _____	Type of Retail: <input type="checkbox"/> Food Services <input type="checkbox"/> Medical <input type="checkbox"/> Other See Remarks <input type="checkbox"/> Professional Office	Office SQFT: _____	Total SQFT: _____		
Total Rest: _____	Common Rest: _____	Handicap Rest: _____	Min Ceiling Heights: _____	Restricted Uses: <input type="checkbox"/> Yes <input type="checkbox"/> No	Current Use: _____	
Storage Space: <input type="checkbox"/> Yes <input type="checkbox"/> No	Window Cover: <input type="checkbox"/> Yes <input type="checkbox"/> No	Traffic Count: <input type="checkbox"/> Yes <input type="checkbox"/> No	Public Transit: <input type="checkbox"/> Yes <input type="checkbox"/> No	Elevator <input type="checkbox"/> Yes <input type="checkbox"/> No	Signage: <input type="checkbox"/> Yes <input type="checkbox"/> No	Prmt Addition: <input type="checkbox"/> Yes <input type="checkbox"/> No
Floor Type: <input type="checkbox"/> Ceramic Tile <input type="checkbox"/> Concrete Slab <input type="checkbox"/> Hardwood <input type="checkbox"/> Marble <input type="checkbox"/> Other See Remarks <input type="checkbox"/> Parquet <input type="checkbox"/> Raised Foundation	Heat Type: <input type="checkbox"/> Sheet Vinyl <input type="checkbox"/> Vinyl Tile <input type="checkbox"/> Wall to Wall Carpet <input type="checkbox"/> Wood	Air Conditioning: <input type="checkbox"/> Electric <input type="checkbox"/> Floor Furnace <input type="checkbox"/> Forced Air <input type="checkbox"/> Gravity Heating <input type="checkbox"/> Heat Pump <input type="checkbox"/> Natural Gas	Other See Remarks <input type="checkbox"/> Propane <input type="checkbox"/> Radiant <input type="checkbox"/> Solar <input type="checkbox"/> Wall Electric	<input type="checkbox"/> Central <input type="checkbox"/> Electric <input type="checkbox"/> Evaporative Cooler <input type="checkbox"/> Gas	<input type="checkbox"/> Heat Pump <input type="checkbox"/> Other- See Remarks <input type="checkbox"/> Wall Window <input type="checkbox"/> Window Unit	
Improvements: <input type="checkbox"/> Air Conditioning <input type="checkbox"/> Elevator <input type="checkbox"/> Fenced Yard <input type="checkbox"/> Fire Sprinkler <input type="checkbox"/> Fixtures/ Equip <input type="checkbox"/> Furnished <input type="checkbox"/> Ground Level Door <input type="checkbox"/> Security System <input type="checkbox"/> Skylights <input type="checkbox"/> Truck Dock <input type="checkbox"/> Truck Well	Location Type: <input type="checkbox"/> Business Park <input type="checkbox"/> Corner <input type="checkbox"/> Discount Mall/Outlet <input type="checkbox"/> Downtown <input type="checkbox"/> Free Standing <input type="checkbox"/> High Rise <input type="checkbox"/> Industrial Park <input type="checkbox"/> Medical Center <input type="checkbox"/> Neighborhood Center <input type="checkbox"/> Old Town <input type="checkbox"/> Other/See Remarks <input type="checkbox"/> Redevelopment Area <input type="checkbox"/> Regional Mall <input type="checkbox"/> Strip Center <input type="checkbox"/> Town Center <input type="checkbox"/> Waterfront	Location Within Building: <input type="checkbox"/> Balcony/ Mezzanine <input type="checkbox"/> Basement <input type="checkbox"/> Executive Suite <input type="checkbox"/> Ground Floor <input type="checkbox"/> Mid Level <input type="checkbox"/> Multi Level Suite <input type="checkbox"/> Other/ See Remarks <input type="checkbox"/> Penthouse <input type="checkbox"/> Portion of Larger Suite <input type="checkbox"/> Subdivisible <input type="checkbox"/> Various Location/Floors				



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Listing Information:

*List Date: _____	*Expiration Date: _____
*Selling Office Compensation: \$ _____ or _____ %	*Dual Var/Rate of Commission:
* Graduated Comm Sched:	*Option Comp
<input type="checkbox"/> Yes	<input type="checkbox"/> Call For Information
<input type="checkbox"/> No	<input type="checkbox"/> No
*Showing Instructions:	<input type="checkbox"/> See Remarks
<input type="checkbox"/> Appointment Only	<input type="checkbox"/> Yes
<input type="checkbox"/> Call First	*Key Safe Description:
<input type="checkbox"/> Call Listing Office	<input type="checkbox"/> Combo-See Remarks
<input type="checkbox"/> Direct	<input type="checkbox"/> Multiacc
<input type="checkbox"/> Drive By Only	<input type="checkbox"/> No Key Safe
<input type="checkbox"/> Do Not Contact Occupants	<input type="checkbox"/> Other-See Remarks
<input type="checkbox"/> Go Direct	<input type="checkbox"/> Supra Key
<input type="checkbox"/> See Remarks	<input type="checkbox"/> Supra-Damls
<input type="checkbox"/> Subject To Inspection	<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:	*Send Address:	Listing Paid:
<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No
*Photo Information:	Broker Loaded:	
<input type="checkbox"/> Map, Sketched, or Photo Submitted	<input type="checkbox"/> Yes	
<input type="checkbox"/> User Will Upload their Own Photo	<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!