

THEMLS PRO™ - SLIMM - Listing Input Form – COMMERCIAL INDUSTRIAL - Pg 1 of 1
 THE MLS™/Combined L.A./Westside Multiple Listing Service Version 1.0 05-2003

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|---|---|
| R 1. Assessor's Parcel Number _____ | R39. Roof _____ |
| R 2. Street # _____ | R40. Skylights _____ |
| 3. Street Dir. _____ | R41. Sprinklered _____ |
| R 4. Street Name _____ | R42. Minimum Clearance Height _____ |
| R 5. Street Suffix _____ | R43. Parking _____ |
| 6. Unit/Suite # _____ | R44. Fenced (Y/N) _____ |
| R 7. City _____ | R45. Lighting Description _____ |
| R 8. County _____ | R46. Building Heat _____ |
| R 9. Zip Code _____ | R47. Building Cooling _____ |
| R 10. Map _____ | R48. To Show _____ |
| R 11. Map XY _____ | R49. TRK Hi Doors _____ |
| 12. Additional Parcel # (Y/N) _____ | R50. TRK DRS Dimensions _____ |
| R 13. Year Built _____ | R51. Ground Level Doors _____ |
| R 14. Zoning _____ | R52. Ground Level Dimensions _____ |
| R 15. Taxes _____ | R53. Methane Disclosure _____ |
| R 16. Tax Year _____ | R54. Loading Dock (Y/N) _____ |
| R 17. List Price _____ | R55. Loading Well (Y/N) _____ |
| R 18. Area _____ | R56. Rail Doors _____ |
| R 19. Directions (100 Chars Maximum) _____ | R57. R & R Provider _____ |
| _____ | R58. Rail Description _____ |
| R 20. Building Construction _____ | R59. Mezz Storage Square Footage _____ |
| R 21. Public Records Use Code _____ | R60. Included in Sq. Ft.(Y/N) _____ |
| R 22. Power (AMPS) _____ | R61. Factory Restrooms (men/women) _____ |
| R 23. Power (VOLTS) _____ | R62. Office Square Footage _____ |
| R 24. Power (PHASE) _____ | R63. Number of Offices _____ |
| R 25. Available Square Footage _____ | R64. Office Restrooms (men/women) _____ |
| R 26. Available Sq Ft Dimensions _____ | R65. Office Air Conditioning (Y/N) _____ |
| R 27. Minimum Square Footage _____ | R66. Office Heat(Y/N) _____ |
| R 28. Minimum Sq Ft Dimensions _____ | R67. Finished Office Mezz Square Feet _____ |
| R 29. Land Square Footage _____ | R68. Office Mezz Included in Sq Ft. _____ |
| R 30. Land Sq Ft. Dimensions _____ | R69. Vacancy Reserve _____ |
| R 31. Listing Price Per Square Foot _____ | 70. Annual Debt Service _____ |
| R 32. Possession _____ | R71. CAP Rate _____ |
| R 33. Lease Rental Per Month _____ | 72. Improvement %Taxes _____ |
| R 34. Gross Rental Per Square Foot _____ | R73. RE Taxes _____ |
| R 35. Net Rental per Square Foot _____ | R74. Sale/Lease (sale,lease, sale&lease) _____ |
| R 36. Foil (Y/N) _____ | R75. Listing Broker Advantage _____ |
| R 37. Lease Terms _____ | R76. Gross Income Actual/Projected _____ |
| R 38. Third Party Rights(Y/N/C) _____ | |

ANNUAL INCOME EXPENSES

	77.	Insurance	
	78.	Repairs/Maintenance	
	79.	Management	
	80.	Other Expenses	
R	81.	Gross Income	
	82.	Landscape Expenses	
	83.	Utilities	
R	84.	Annual Expenses	
R	85.	Net Pre-Tax Income	
R	86.	Net Operating Income	

REMARKS Remarks cannot reference names, phone numbers, email, website address or Lock Box Codes (500 Chars Maximum)

R 87.	Listing Type _____ (Exclusive Right, Exclusive Agency, Open)	R 96.	Should Street # Display (Y/N) _____
R 88.	Limited Service (Y/N) _____	R 97.	Should Street Name Display (Y/N) _____
R 89.	MLS Entry Only (Y/N) _____	98.	Alternative to Street Name _____
R 90.	Load to Internet (Y/N) _____	99.	Probate (Y/N) _____
R 91.	MLS Take Photo (Y/N) _____	100.	Court Approval Required (Y/N) _____
R 92.	Listing Date _____	101.	Virtual Tour URL _____
R 93.	Expiration Date _____	R 102.	Listing Agent Code 1 _____
R 94.	Commission to Buyer's Agent (Y/N) _____	103.	Listing Agent Code 2 _____
R 95.	Commission to Selling Office (%/\$) _____	104.	Listing Agent Code 3 _____

Date: _____	Signature: _____
Firm: _____	

MLS Broker Member Signature Only - No salesperson's signature unless Broker member's authorization on file with MLS

The signature of the MLS Broker Participant certifies that all of the information on the form or database is accurate to the best of his/her knowledge. If the Participant or Subscriber does not advise the MLS of errors or omissions, the Participant and Subscriber shall hold harmless the service for any damage or loss and shall indemnify the MLS against any damage or loss it is required to pay due to the error, per Section 7.3 of the MLS Rules & Regulations.

Participant/Subscriber is responsible for confirming the data is input correctly, and, shall hold harmless CLAW and its shareholders as to accuracy of the data published in CLAW's MLS system.

By submitting photographs to the MLS taken by or for Participants and/or Subscribers, the submitting Participant and/or Subscriber grants to the MLS and other Participants and Subscribers the right to reproduce and display the photographs in accordance with the rules and regulations.



**TO ALL RECIPROCAL PARTICIPANTS:
INFORMATION REQUEST FORM TO INPUT A LISTING**

1. DATE: _____
2. OFFICE NAME: _____
3. OFFICE ADDRESS: _____
4. OFFICE PHONE NUMBER: _____
5. OFFICE FAX NUMBER: _____
6. DESIGNATED BROKER: _____
7. LISTING AGENT NAME: _____
8. LISTING AGENT PHONE/PAGER #: _____
9. LISTING INPUT FORM (PLEASE FILL OUT ALL REQUIRED FIELDS "R")



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!