

THE MLSPRO™-SLIMM - Listing Input Form – COMMERCIAL RETAIL - Page 1 of 1

THE MLS™/Combined L.A./Westside Multiple Listing Service Version 1.0 05-2003

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| <p>R 1. Assessor's Parcel Number _____</p> <p>R 2. Street # _____</p> <p>3. Street Dir. _____</p> <p>R 4. Street Name _____</p> <p>R 5. Street Suffix _____</p> <p>6. Unit/Suite # _____</p> <p>R 7. City _____</p> <p>R 8. County _____</p> <p>R 9. Zip Code _____</p> <p>R 10. Map _____</p> <p>R 11. Map XY _____</p> <p>12. Additional Parcel # (Y/N) _____</p> <p>R 13. Year Built _____</p> <p>R 14. Zoning _____</p> <p>R 15. Number of Floors Total _____</p> <p>R 16. Number of Floors Available _____</p> <p>R 17. List Price _____</p> <p>R 18. Area _____</p> <p>R 19. Directions (100 Chars Maximum) _____</p> <p>_____</p> <p>R 20. Building Construction _____</p> <p>R 21. Building Name _____</p> <p>R 22. Number of Elevators _____</p> <p>R 23. Vacancy Reserve _____</p> <p>R 24. Public Records Use Code _____</p> <p>R 25. Minimum Available Square Footage _____</p> <p>R 26. Total Available Square Footage _____</p> <p>R 27. Total Building Office Square Footage _____</p> <p>R 28. Total Building Retail Square Footage _____</p> <p>R 29. Floor Size Square Foot _____</p> <p>R 30. Listing Price Per Square Feet _____</p> <p>R 31. Spaces per 1,000 Square Feet _____</p> <p>R 32. Cost per Space _____</p> | <p>R 33. Number of Parking Spaces _____</p> <p>R 34. Land Square Footage _____</p> <p>R 35. % Occupied _____</p> <p>R 36. Possession _____</p> <p>R 37. Sale/Lease (sale, lease, sale & lease) _____</p> <p>R 38. Lease Rental Per Month _____</p> <p>R 39. Lease Rental Per Sq. Ft. _____</p> <p>R 40. Lease Terms _____</p> <p>R 41. Rental Adjustment _____</p> <p>R 42. Utilities (Landlord/Tenant) _____</p> <p>R 43. Third Party Rights (Y/N/C) _____</p> <p>R 44. Janitor (Landlord/Tenant) _____</p> <p>R 45. Air Conditioning (Landlord/Tenant) _____</p> <p>R 46. Insurance (Landlord/Tenants) _____</p> <p>R 47. Methane Disclosure(Y/N) _____</p> <p>R 48. TI Allowance _____</p> <p>R 49. Previous Use _____</p> <p>R 50. To Show _____</p> <p>R 51. Cap Rate _____</p> <p>52. Annual Debt Service _____</p> <p>R 53. Triple Nets _____</p> <p>54. Load % _____</p> <p>R 55. CAM Fees _____</p> <p>R 56. RE Taxes _____</p> <p>57. Improvement % Taxes _____</p> <p>R 58. Gross Rent Multiplier _____</p> <p>R 59. Listing Broker Advantage (Y/N) _____</p> <p>R 60. Lease Rental FSG _____</p> <p>R 61. Lease Rental Net _____</p> <p>R 62. Lease Rental Mod Gross _____</p> <p>R 63. Usable _____</p> <p>64. Rentable _____</p> <p>R 65. Sprinklered _____</p> <p>R 66. Gross Income (Actual/Projected) _____</p> |
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ANNUAL INCOME EXPENSES

	67.	Insurance	
	68.	Repairs/Maintenance	
	69.	Management	
	70.	Other Expenses	
R	71.	Gross Income	
	72.	Landscape Expenses	
	73.	Utilities	
R	74.	Annual Expenses	
R	75.	Net Pre-Tax Income	
R	76.	Net Operating Income	

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

R	77.	Listing Type _____	R	86.	Should Street # Display (Y/N) _____
		(Exclusive Right, Exclusive Agency, Open)	R	87.	Should Street Name Display (Y/N) _____
R	78.	Limited Service (Y/N) _____		88.	Alternative to Street Name _____
R	79.	MLS Entry Only (Y/N) _____		89.	Probate (Y/N) _____
R	80.	Load to Internet (Y/N) _____		90.	Court Approval Required (Y/N) _____
R	81.	MLS Take Photo (Y/N) _____		91.	Virtual Tour URL _____
R	82.	Listing Date _____	R	92.	Listing Agent Code 1 _____
R	83.	Expiration Date _____		93.	Listing Agent Code 2 _____
R	84.	Commission to Buyer's Agent (Y/N) _____		94.	Listing Agent Code 3 _____
R	85.	Commission to Selling Office (%/\$) _____			

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!