

## Enter New Listing

▶ Please make your selections (\*red indicates required field)

<input type="radio"/> *Property Type	Business Opportunity
<input type="radio"/> *County	Riverside <a href="#">Search County Records</a>
<input type="radio"/> APN	
<input checked="" type="checkbox"/> Autofill Tax Data	

Next

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### Listing Information - Business Opportunity

Listing Information (\* indicates required field)

Listing # N/A

\*Office ID  
 \*Agent ID

Reciprocal Listing

Co-Office ID  
 Co-Agent ID

\*Area

\*Subdivision

\*County  
 APN

[Search County Records](#)

CDOM

Address 

Street # - Modifier	Direction	Street Name	Suffix	Post Direction
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Unit #	*City	ZIP Code	Cross Street	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

\*Map Book  
 \*Map Page  
 \*Map Coordinates Top   Side

\*Listing Price  ,000

Status **Active**

Agreement Type

Public Viewable

\*Show Addr to Public

\*Show Addr to Clients

Picture Provided By

Photographer Instr

\*Commission 

Selling Office	Variable Rate	Comments
<input type="text"/>	<input type="text" value="No"/>	<input type="text"/>

Bedrooms

Bathrooms

Approx Sq Ft 
 Sq Ft Source

Lot Size 
 Lot Size Source

SqFt  Acres

\*Year Built

**Listing Period**      \*Listing Date        \*Expiration Date

**\*Occupant Type**

**Occupant Name**       **Phone to Show**  -  -

**Showing Instructions**

- Appointment Only
- Call Listing Office
- See Remarks

Enable Character Count

**Marketing Remarks**

(Public/Internet)  
0 characters  
(Maximum 1000)

**Agent Remarks**

0 characters  
(Maximum 500)

**Directions to Property**

0 characters  
(Maximum 250)

**General**

Amenity Name	Value	Comment	Save
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**\*Description(Have)**

**Form of Ownership**

**Down** \$

**Sales** \$

**Motivation**

**Want**

**Type of Business**

Up to 8 entries allowed

- Auto Service Station
- Beauty Shop
- Coin Operated
- Distribution/Whlsale
- Dry Cleaners
- Food Services



Lease Deposit	\$		
Percent Lease			
Renewal Option			
Equip Inc in Sp Rent			
Cont. Lease Equip			
How Long Established With Present Owner			
Avg Cust. Count	#		
# of Parking Spaces	#		
# Part Time Employee	#		
# Full Time Employee	#		
Total Employees	#		
Hrs/Wk Owner Wks	#		
Owner Will Train	<input type="checkbox"/>		
Days & Hrs Open			
Storage Facility			
Water Source			
	<input type="checkbox"/> District		
	<input type="checkbox"/> Private		
	<input type="checkbox"/> Well		
	<input type="checkbox"/> Other		
Average Mark Up			

**Balance Sheet**

Amenity Name	Value	Comment
Asset - Cash	\$	
Asset - Inventory	\$	
Asset - A/R	\$	
Asset - Equipment	\$	
Asset Lease Improve	\$	
Asset - Real Estate	\$	
Asset - Other	\$	
Assets TOTAL	\$	
Liability A/P	\$	
Liability - Expenses	\$	
Liability Long Term	\$	
Liabiliy TOTAL		

Save

Retained Earnings	\$	<input type="text"/>
	\$	<input type="text"/>

<input type="text"/>
<input type="text"/>

**Annual Expenses**

Amenity Name	Value	Comment
Total Rent	\$ <input type="text"/>	<input type="text"/>
Utilities	\$ <input type="text"/>	<input type="text"/>
Insurance	\$ <input type="text"/>	<input type="text"/>
Advertising	\$ <input type="text"/>	<input type="text"/>
Accounting	\$ <input type="text"/>	<input type="text"/>
Supplies	\$ <input type="text"/>	<input type="text"/>
Telephone	\$ <input type="text"/>	<input type="text"/>
Taxes	\$ <input type="text"/>	<input type="text"/>
Licenses	\$ <input type="text"/>	<input type="text"/>
Equipment Rent	\$ <input type="text"/>	<input type="text"/>
Repairs	\$ <input type="text"/>	<input type="text"/>
Payroll	\$ <input type="text"/>	<input type="text"/>
Payroll Tax	\$ <input type="text"/>	<input type="text"/>
Other Expenses 1	\$ <input type="text"/>	<input type="text"/>
Other Expenses 2	\$ <input type="text"/>	<input type="text"/>
Total Annual Exp	\$ <input type="text"/>	<input type="text"/>

Save

**Annual Income**

Amenity Name	Value	Comment
Gross Sales	\$ <input type="text"/>	<input type="text"/>
Cost of Sales	\$ <input type="text"/>	<input type="text"/>
Gross Profit	\$ <input type="text"/>	<input type="text"/>
Total Expenses	\$ <input type="text"/>	<input type="text"/>
Net Income	\$ <input type="text"/>	<input type="text"/>
Owner's Salary	<input type="text"/>	<input type="text"/>
Manager's Salary	<input type="text"/>	<input type="text"/>
Interest	<input type="text"/>	<input type="text"/>
Depreciation	<input type="text"/>	<input type="text"/>
Fringes	<input type="text"/>	<input type="text"/>
Adjusted Net Income	\$ <input type="text"/>	<input type="text"/>

Save

**Price Includes**

Amenity Name	Value	Comment
Goodwill	\$ <input type="text"/>	<input type="text"/>
Equipment Incl.	\$ <input type="text"/>	<input type="text"/>
Inventory	\$ <input type="text"/>	<input type="text"/>

Save

Lease Value	\$	<input type="text"/>	<input type="text"/>
Real Estate	\$	<input type="text"/>	<input type="text"/>
License	\$	<input type="text"/>	<input type="text"/>
Cov Not To Complete	\$	<input type="text"/>	<input type="text"/>
Mgmt Constg Agmt	\$	<input type="text"/>	<input type="text"/>
Total Price Includes	\$	<input type="text"/>	<input type="text"/>

**Additional Financial Info**

Amenity Name	Value	Comment	Save
Adj. Net Income	\$ <input type="text"/>	<input type="text"/>	<input type="button" value="Save"/>
Principle	\$ <input type="text"/>	<input type="text"/>	<input type="button" value="Save"/>
Debt Service	\$ <input type="text"/>	<input type="text"/>	<input type="button" value="Save"/>
Cash Flow	\$ <input type="text"/>	<input type="text"/>	<input type="button" value="Save"/>
Dwn Pymt+Closing Cst	\$ <input type="text"/>	<input type="text"/>	<input type="button" value="Save"/>
ROI	<input type="text"/> %	<input type="text"/>	<input type="button" value="Save"/>

(\* indicates required field)

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## 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)**

<b>Listing fee includes 1<sup>st</sup> *Photo</b>	<b>\$25.00</b>
_____ # 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](mailto: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!