



Office ID* _____ Agent ID _____ Co-Agent ID _____

Reciprocal Agnt Name(Print) _____ Reciprocal List Off. _____

Recp Agnt Phone Number _____ Recip List Off Phone Number _____

Recp Agnt Fax # _____ Recip L/O Fax# _____

Area* _____ County* _____ APN* _____

Street# _____ Direction _____ Street Name _____ Suffix _____ Post ID _____ Unit# _____

City* _____ Zip _____ - _____ Cross Street _____ Map Book* _____ Map Pg* _____

Listing Price* _____ Map Coordinates Top* _____ Side* _____

Agreement Type* _____

Public Viewable Y N

Primary Picture Provided By _____

Commission to S.O. _____

Variable Rate Comm Y N

Comments _____

Bedrms _____ Full Baths _____

3/4 Baths _____ 1/2 Baths _____

1/4 Baths _____

Sizes _____ SqFt

SqFt Source A B E O S T

Lot Size _____

Lot Size Source A B E O S T

Yr Built _____ OR _____

List Date* _____

Exp Date* _____

Occupant Type* _____

Owner Name _____

Owner Phone _____ - _____ - _____

Occ. Name _____

Phone to Show _____ - _____ - _____

Show Instructions (see attached sheet)

Showing Instructions* Appt Only _____ Call List. Off _____ See Remarks _____

Marketing Remarks (see attached sheet)

Agent Only Remarks (see attached sheet)

Dir. To Property (see attached sheet)

Have _____

Form of Ownership
Sole Proprietorship _____
Partnership _____ Corporation _____
S. Corporation _____ Franchise _____

Down\$ _____

Sales \$ _____

Motivation _____

Want _____

Type of Business _____

Terms* All Inclusive Trust _____ Cal Vet Loan _____
Cash _____ CTNL _____
Cash to Existing Ln _____ Contract _____
Exchange _____ Fannie Mae _____ FHA Loan _____ Freddie
Mac _____ Lease Option _____
Ownr May Carry _____ Ownr Will
Carry _____ REO _____
Probate _____ Short Pay _____ Subj To Ln _____
Subj to Court _____ Subj. to
Other _____ Subordinate _____ Submit _____
Trade _____ VA Loan _____ VA No Loan _____
VA No NO Loan _____

Type of Lease* Gross _____ Modified Gross _____
Triple Net _____ Percent _____

Lease Expiration* (Date) _____

Monthly Rent\$ _____

Lease/Sqft\$ _____

Percent Lease _____

Renewal Option _____

Equip Inc in Sp Rent _____

Cont. Lease Equip _____

How Long Established _____

W/ Present Owner _____

Avg. Cust. Count# _____

of Prking Sp # _____

Full Time Employees# _____

Part Time Employees# _____

Total Employees# _____

Hrs/Wks Owner Wks# _____

Owner Will Train Y N

Days & Hrs Open _____

Storage Facility _____

Water Source District _____ Private _____
Well _____ Other _____

Average Markup _____

Asset - Cash\$ _____

Asset - Inventory\$ _____

Asset Equip\$ _____

Asset Lease
Improve\$ _____

Asset Real Estate\$ _____

Asset - Other\$ _____

Assets Total\$ _____

Liability A/P\$ _____

Liability-
Expenses\$ _____

Liability Long Term\$ _____

Liability Total\$ _____

Retained Earnings\$ _____

Total Rent\$ _____

Utilities\$ _____

Insurance\$ _____

Advertising\$ _____

Accounting\$ _____

Supplies\$ _____

Business Opportunity Pg 2
 Telephone\$ _____
 Taxes\$ _____
 Licenses\$ _____
 Equipt. Rent\$ _____
 Repairs\$ _____
 Payroll\$ _____
 Payroll Tax\$ _____
 Other Expenses 1\$ _____
 Other Expenses 2\$ _____
 Total Annual Exp\$ _____
 Gross Sales\$ _____
 Cost of Sales\$ _____

Gross Profit\$ _____
 Total Expenses\$ _____
 Net Income\$ _____
 Owner Salary _____
 Manager's Salary _____
 Interest _____
 Decprciation _____
 Fringes _____
 Adjusted Net Income\$ _____
 Goodwill\$ _____
 Equipt. Incl\$ _____
 Inventory\$ _____
 Lease Value\$ _____

Cov Not to Compete\$ _____
 Mgmt Constg Agmnt\$ _____
 Total Price Includes\$ _____
 Gross Profit\$ _____
 Total Expenses\$ _____
 Adj. Net Income\$ _____
 Principle\$ _____ Interest _____
 Debt Service\$ _____
 Cash Flow\$ _____
 Dwn Pymt + Closing Cost\$ _____
 ROI _____ %

*****Marketing Remarks 1000 Words Max.--Please Type or Print Neatly*****

*******Agent Only Remarks 500 Words Max - Please Type or Print Neatly*******

*******Directions to Property 250 Words Max. - Please Type or Print Neatly*******

The information contained above is furnished for the sole benefit of Participants in a Multiple Listing Service. All information is intended as representative but is not guaranteed to be accurate.

Signature _____ Date _____ Signature _____ Date _____

RECIPROCAL PARTICIPANT:
INFORMATION REQUIRED TO INPUT A LISTING

(Please print clearly or type)

1. OFFICE NAME: _____
2. OFFICE ADDRESS: _____
3. OFFICE PHONE NUMBER: _____
4. OFFICE FAX NUMBER: _____
5. DESIGNATED BROKER: _____
6. LISTING AGENT NAME: _____
7. LISTING AGENT PHONE/PAGER# _____



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!