



Listing Input Form: Commercial/Industrial

Listing Information:

***Price:** \$ _____

Low Range Price:
\$ _____

***Property Type:**

| | | | |
|-------------------------------------|---|--|--------------------|
| <input type="checkbox"/> Commercial | <input type="checkbox"/> Exclusive Agency | <input type="checkbox"/> Full service | *APN: _____ |
| <input type="checkbox"/> Industrial | <input type="checkbox"/> Exclusive Right with Exception | <input type="checkbox"/> Limited Service | |
| | <input type="checkbox"/> Exclusive Right To Sell | <input type="checkbox"/> Entry Only | |
| | <input type="checkbox"/> Net | | |
| | <input type="checkbox"/> Open | | |
| | Probate | | |

Address Information:

***Street #:** _____ **Street Direction:** _____ ***Street Name:** _____ **Street Suffix:** _____

***Area (see attached list):** _____ ***County:** _____

***City:** _____ ***State:** _____ ***Zip:** _____

***Cross Street:** _____ ***Thomas Guide Number:** _____

Other: _____

Present Loans: _____ **Gross Equity:** _____

Features:

Features:

- | | | |
|---|--|---|
| <input type="checkbox"/> Air Conditioning | <input type="checkbox"/> General Office | <input type="checkbox"/> Real Estate Owned |
| <input type="checkbox"/> Alley Access | <input type="checkbox"/> Gift/Florist/Card Shops | <input type="checkbox"/> Repair Cosmetic |
| <input type="checkbox"/> Automotive/Service Stations | <input type="checkbox"/> Ground Level Doors | <input type="checkbox"/> Repair Major |
| <input type="checkbox"/> Beauty Shop | <input type="checkbox"/> In Foreclosure | <input type="checkbox"/> Retail |
| <input type="checkbox"/> Coin Operated | <input type="checkbox"/> Leased Land | <input type="checkbox"/> Security System |
| <input type="checkbox"/> Convenience Market/Dairy Supermarket | <input type="checkbox"/> Liquor Stores | <input type="checkbox"/> Skylights |
| <input type="checkbox"/> Distribution/Wholesale | <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Sprinklers-Landscape |
| <input type="checkbox"/> Dry Cleaners | <input type="checkbox"/> Medical Office Mineral Rights | <input type="checkbox"/> Storage Tank |
| <input type="checkbox"/> Elevator | <input type="checkbox"/> Notice Of Default | <input type="checkbox"/> Taverns/Cocktail |
| <input type="checkbox"/> Fee Land | <input type="checkbox"/> Overhead Crane | <input type="checkbox"/> Lounges |
| <input type="checkbox"/> Fenced Yard | <input type="checkbox"/> Probate | <input type="checkbox"/> Truck Dock |
| <input type="checkbox"/> Fire Sprinkler System | <input type="checkbox"/> Professional Office | <input type="checkbox"/> Truck Well |
| <input type="checkbox"/> Food Services | <input type="checkbox"/> Rail Siding | <input type="checkbox"/> Video Store |

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>).



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| Analysis: | | |
|--|--|---|
| *Gross Schedule Income: \$ _____ | Vacancy Allowance: \$ _____ / _____ % | Land Value: \$ _____ / _____ % |
| Gross Operating Income: \$ _____ | *Operating Expense: \$ _____ / _____ % | Improvements: \$ _____ / _____ % |
| *Net Operating Income: \$ _____ | Loan Payment: \$ _____ | Personal Property: \$ _____ / _____ % |
| Gross Spendable Income: \$ _____ | Cap Rate: \$ _____ | Total Tax: \$ _____ / _____ % |
| Gross Multiplier: _____ | | |
| Tax Info: | | |
| Tax Area: _____ | Tax Year: _____ | Tax Rate: _____ % |

| Unit Info: | | | | | | | |
|------------|-------------|------|---|--------|---------|--|-------|
| Unit # | Tenant Info | SQFT | Type | Length | Expires | Base Rent/ Month | |
| | | | <input type="checkbox"/> Full Service Gross <input type="checkbox"/> Gross <input type="checkbox"/> Modified Gross <input type="checkbox"/> Other <input type="checkbox"/> Percent <input type="checkbox"/> Triple Net | | | | |
| | | | <input type="checkbox"/> Full Service Gross <input type="checkbox"/> Gross <input type="checkbox"/> Modified Gross <input type="checkbox"/> Other <input type="checkbox"/> Percent <input type="checkbox"/> Triple Net | | | | |
| | | | <input type="checkbox"/> Full Service Gross <input type="checkbox"/> Gross <input type="checkbox"/> Modified Gross <input type="checkbox"/> Other <input type="checkbox"/> Percent <input type="checkbox"/> Triple Net | | | | |
| | | | <input type="checkbox"/> Full Service Gross <input type="checkbox"/> Gross <input type="checkbox"/> Modified Gross <input type="checkbox"/> Other <input type="checkbox"/> Percent <input type="checkbox"/> Triple Net | | | | |
| | | | <input type="checkbox"/> Full Service Gross <input type="checkbox"/> Gross <input type="checkbox"/> Modified Gross <input type="checkbox"/> Other <input type="checkbox"/> Percent <input type="checkbox"/> Triple Net | | | | |
| | | | <input type="checkbox"/> Full Service Gross <input type="checkbox"/> Gross <input type="checkbox"/> Modified Gross <input type="checkbox"/> Other <input type="checkbox"/> Percent <input type="checkbox"/> Triple Net | | | | |
| | | | <input type="checkbox"/> Full Service Gross <input type="checkbox"/> Gross <input type="checkbox"/> Modified Gross <input type="checkbox"/> Other <input type="checkbox"/> Percent <input type="checkbox"/> Triple Net | | | | |
| | | | <input type="checkbox"/> Full Service Gross <input type="checkbox"/> Gross <input type="checkbox"/> Modified Gross <input type="checkbox"/> Other <input type="checkbox"/> Percent <input type="checkbox"/> Triple Net | | | | |
| | | | <input type="checkbox"/> Full Service Gross <input type="checkbox"/> Gross <input type="checkbox"/> Modified Gross <input type="checkbox"/> Other <input type="checkbox"/> Percent <input type="checkbox"/> Triple Net | | | | |
| | | | <input type="checkbox"/> Full Service Gross <input type="checkbox"/> Gross <input type="checkbox"/> Modified Gross <input type="checkbox"/> Other <input type="checkbox"/> Percent <input type="checkbox"/> Triple Net | | | | |
| | | | <input type="checkbox"/> Full Service Gross <input type="checkbox"/> Gross <input type="checkbox"/> Modified Gross <input type="checkbox"/> Other <input type="checkbox"/> Percent <input type="checkbox"/> Triple Net | | | | |
| | | | | | | Total Base Income \$: | _____ |
| | | | | | | Overage Income 1 \$: | _____ |
| | | | | | | *Total Monthly Gross Scheduled Income 2 \$: | _____ |



Listing Input Form: Commercial/Industrial

Expenses: Annual Operating Expense

Tax (New): _____
Gardener: _____
Gas & Electric: _____
Janitor: _____
Management: _____
Elevator: _____
Liability Insurance: _____
Trash: _____
Maintenance: _____
Fire Insurance: _____
Parking Lots: _____
Licenses: _____
Association: _____
Water: _____
Other Expenses: _____ **Other Expense Desc:** _____
***Total:** _____

Structure/Land: Building

| | | | |
|---|--|---|---|
| *Year Built: _____ | Year Refurb: _____ | Price Per SQFT: _____ | *Total Building Sqft: _____ |
| Fire Sprinkler: <input type="checkbox"/> Yes <input type="checkbox"/> No | Permit for Add: <input type="checkbox"/> Yes <input type="checkbox"/> No | # of Units: <input type="checkbox"/> Yes <input type="checkbox"/> No | Mezzanine SQFT: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Stories: <input type="checkbox"/> One Level <input type="checkbox"/> Two Level <input type="checkbox"/> Three or More Levels <input type="checkbox"/> Ground level | Min Clearance: _____ | Max Clearance: _____ | Roof Age: _____ |
| Construction: <input type="checkbox"/> Block <input type="checkbox"/> Brick <input type="checkbox"/> Frame & Stucco <input type="checkbox"/> Metal <input type="checkbox"/> Tilt Up | Roof Type: <input type="checkbox"/> Asphalt Shingle <input type="checkbox"/> Comp/Shingle <input type="checkbox"/> Composition <input type="checkbox"/> Composition Roll <input type="checkbox"/> Concrete Tile <input type="checkbox"/> Fire Retardant | <input type="checkbox"/> Other-See Remarks <input type="checkbox"/> Rock/Stone <input type="checkbox"/> Shake-Wood <input type="checkbox"/> Shingle-Wood <input type="checkbox"/> Spanish Clay Tile <input type="checkbox"/> Tar and Gravel <input type="checkbox"/> Tile | 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 |
| DIMENSIONS: _____ | | | |



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| Struct/Land: Land (continuation from 3) | | | | | |
|---|------------------------------|------------------------------|------------------------------|------------------------|--------------------|
| Block #: | *Lot #: | *Tract #: | *SQFT: _____ | # of Buildings: | Dimensions: |
| _____ | _____ | _____ | _____ | _____ | _____ |
| Storage Tanks: | Overhead Crane: | Zone: | | | |
| <input type="checkbox"/> Yes | <input type="checkbox"/> Yes | _____ | | | |
| <input type="checkbox"/> No | <input type="checkbox"/> No | | | | |
| Zones | | | | | |
| Special Study: | Flood: | Coastal: | Slide: | | |
| <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 | | |

| Plant/Office: Plant Data | | | | |
|--|--|-------------------------------------|------------------------------|--------------------------------|
| Amp: _____ | Volt: _____ | Phase: _____ | Cooling: | |
| | | | <input type="checkbox"/> Yes | |
| | | | <input type="checkbox"/> No | |
| Heat Type: | | | | |
| <input type="checkbox"/> Electric | <input type="checkbox"/> Other - See Remarks | | | |
| <input type="checkbox"/> Floor Furnace | <input type="checkbox"/> Propane | | | |
| <input type="checkbox"/> Forced Air | <input type="checkbox"/> Radiant | | | |
| <input type="checkbox"/> Gravity Heating | <input type="checkbox"/> Solar | | | |
| <input type="checkbox"/> Heat Pump | <input type="checkbox"/> Wall Electric | | | |
| <input type="checkbox"/> Natural Gas | | | | |
| Plant Number of: | | | | |
| Toilets Men: _____ | Toilets Women: _____ | *Parking Spaces: _____ | Parking Ratio: _____ | |
| Loading Docks _____ | Loading Wells: _____ | Docks/Wells/ Grnd Lvl: _____ | | |
| Plant other: | | | | |
| Rail connections: | Load Doors Dim | Fenced SQFT: | Sky Lights: | |
| <input type="checkbox"/> Yes | | | <input type="checkbox"/> Yes | |
| <input type="checkbox"/> No | | | <input type="checkbox"/> No | |
| Office Data: | | | | |
| Total SQFT: _____ | # Offices: _____ | AC Conditioning: | # Mens Toilets: _____ | # Womens Toilets: _____ |
| | | <input type="checkbox"/> Yes | | |
| | | <input type="checkbox"/> No | | |
| Heat Type: | | | | |
| <input type="checkbox"/> Electric | <input type="checkbox"/> Other - See Remarks | | | |
| <input type="checkbox"/> Floor Furnace | <input type="checkbox"/> Propane | | | |
| <input type="checkbox"/> Forced Air | <input type="checkbox"/> Radiant | | | |
| <input type="checkbox"/> Gravity Heating | <input type="checkbox"/> Solar | | | |
| <input type="checkbox"/> Heat Pump | <input type="checkbox"/> Wall Electric | | | |
| <input type="checkbox"/> Natural Gas | | | | |



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Financial:

Possession:

- Close of Escrow
- Close Plus
- Close Plus 1
- Close Plus 2
- Close Plus 3
- Negotiable
- Other-See Remarks

*Terms:

- All Inclusive Trust Deed
- Cal Vet Loan
- Cash
- Cash To Existing Loan
- Cash to New Loan
- Contract
- Exchange
- Fannie Mae
- FHA Loan
- Freddie Mac
- Lease Option
- Owner May Carry
- Owner Will Carry
- Real Estate Owned
- Short Pay/Subject to Lender
- Subject To Court
- VA Loan
- VA No Loan
- VA No No Loan
- Subject To Other
- Submit
- Trade
- Trust Conveyance

Notice of Default:

- Yes
- No

Financial: Loan Information

1st Deed Loan

Amount:

\$ _____

Per Month: _____

Rate: _____

Fee: _____

Assumable:

- Yes
- No

Loan Type:

- All Inclusive Trust Deed
- Cal Vet
- Clear
- Contract
- Conventional
- FHA
- Other-See Remarks
- Private
- Veteran's Administration Loan

Lender: _____

2nd Deed Loan

Amount:

\$ _____

Per Month: _____

Rate: _____

Fee: _____

Assumable:

- Yes
- No

Loan Type:

- All Inclusive Trust Deed
- Cal Vet
- Clear
- Contract
- Conventional
- FHA
- Other-See Remarks
- Private
- Veteran's Administration Loan

Lender: _____

Financial: Lease/Fees

*Land Fee/Lease:

- Fee
- Lease

Amount:

\$ _____

Per:

- Fee
- Lease

Expires:

Financial/ Additional Financial Information

Financial Remarks 1: _____

Financial Remarks 2: _____



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7. OFFICE

Listing Information

***List Date:** _____

***Expiration Date:** _____

***Selling Office Compensation:**

\$ _____ or _____ %

***Dual Var/Rate of Commission:** Call For Information See Remarks
 No Yes

***Showing Instructions:**

- Appointment Only
- Call Listing Office
- Do Not Contact Occupants
- See Remarks
- Subject to Inspection

Key Safe Description:

- Combo-See Remarkrs
- Multiacc
- No Key Safe
- Other- See Remarks
- Supra Key
- Supra- Damls
- Supra- GSBMLS
- Supra-MRMLS
- Supra-Newport
- Supra-OCMLS/SMLS/HB

Office Comments: _____

Agent Information

*** List Agent Public ID:** _____

***Email Address 2:** _____

*** List Agent Name:** _____

Home Phone: (____) _____ - _____

Fax: (____) _____ - _____

Cell: (____) _____ - _____

Pager: (____) _____ - _____

***Email:** _____

***Office Name:** _____

***Office ID:** _____

***Phone:** (____) _____ - _____

***Fax:** (____) _____ - _____

Co-List Agent Public ID: _____

*** Co-List Agent Name:** _____

Home Phone: (____) _____ - _____

Fax: (____) _____ - _____

Cell: (____) _____ - _____

Pager: (____) _____ - _____

***Email:** _____

***Office Name:** _____

***Office ID:** _____

Phone: (____) _____ - _____

***Fax:** (____) _____ - _____

MLS:

***Free Internet Ad:**

- Yes
- No

***Send Address:**

- Yes
- No

Listing Paid:

- Yes
- No

***Photo Information:**

- Map, Sketched, or Photo Submitted
- User Will Upload their Own Photo

Broker Loaded:

- Yes
- 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 | | |