

COMMERCIAL LISTING INPUT FORM
 Items with an *asterisk are required fields

MLS#: _____

General Information

***Status:**

<input type="checkbox"/> Incomplete	<input type="checkbox"/> Active	<input type="checkbox"/> Coming Soon- On Market Date:	<input type="checkbox"/> Non-Listed Sold
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***Street Number:** _____

Street Direction:

<input type="checkbox"/> N: North	<input type="checkbox"/> NE: Northeast	<input type="checkbox"/> E: East	<input type="checkbox"/> SE: Southeast
<input type="checkbox"/> S: South	<input type="checkbox"/> SW: Southwest	<input type="checkbox"/> W: West	<input type="checkbox"/> NW: Northwest

***Street Name:** _____

Street Suffix Type:

<input type="checkbox"/> Avenue	<input type="checkbox"/> Bend	<input type="checkbox"/> Boulevard	<input type="checkbox"/> Circle	<input type="checkbox"/> Court
<input type="checkbox"/> Cove	<input type="checkbox"/> Crest	<input type="checkbox"/> Drive	<input type="checkbox"/> Gardens	<input type="checkbox"/> Glen
<input type="checkbox"/> Green	<input type="checkbox"/> Heights	<input type="checkbox"/> Highway	<input type="checkbox"/> Knoll	<input type="checkbox"/> Landing
<input type="checkbox"/> Lane	<input type="checkbox"/> Loop	<input type="checkbox"/> Manor	<input type="checkbox"/> Meadow	<input type="checkbox"/> Meadows
<input type="checkbox"/> Park	<input type="checkbox"/> Parkway	<input type="checkbox"/> Passage	<input type="checkbox"/> Place	<input type="checkbox"/> Road
<input type="checkbox"/> Street	<input type="checkbox"/> Square	<input type="checkbox"/> Terrace	<input type="checkbox"/> Trace	<input type="checkbox"/> Trail
<input type="checkbox"/> Way				

Unit #: _____

***Town:** _____

***County:** _____

***State:** _____

***Zip Code:** _____

Zip Code + 4: _____

***List Price:** _____

***List Date:** _____

***Expire Date:** _____

***Subject To:**

<input type="checkbox"/> Agent Owned	<input type="checkbox"/> Auction	<input type="checkbox"/> Corporate Addendum	<input type="checkbox"/> Court Approval	<input type="checkbox"/> HUD Owned
<input type="checkbox"/> Possible Short Sale	<input type="checkbox"/> REO – Bank Owned	<input type="checkbox"/> Approved Short Sale	<input type="checkbox"/> To Be Built	<input type="checkbox"/> Not Applicable

***Property Sub Type:**

<input type="checkbox"/> Auto Service Garage	<input type="checkbox"/> Bed and Breakfast	<input type="checkbox"/> Bank	<input type="checkbox"/> Carwash	<input type="checkbox"/> Church
<input type="checkbox"/> Convenience Stores	<input type="checkbox"/> Dealership	<input type="checkbox"/> Grocery Store	<input type="checkbox"/> Hotel/Motel	<input type="checkbox"/> Manufacturing
<input type="checkbox"/> Medical/Dental	<input type="checkbox"/> Mini Storage	<input type="checkbox"/> Office	<input type="checkbox"/> Restaurant	<input type="checkbox"/> Retail
<input type="checkbox"/> Warehouse	<input type="checkbox"/> Winery	<input type="checkbox"/> Other		

***Parcel ID:** _____

Additional Parcel IDs: _____

***Lot:** _____

***Block:** _____

*** Heated SqFt/GBA:** _____

***SqFt Source:**

<input type="checkbox"/> Agent Measured	<input type="checkbox"/> Appraisal	<input type="checkbox"/> Builder	<input type="checkbox"/> Court House	<input type="checkbox"/> Plans and Specs	<input type="checkbox"/> Seller
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***Apx Year Built:** _____

***Age Desc:**

<input type="checkbox"/> 25 Years of Older	<input type="checkbox"/> Resale (less than 25 years old)	<input type="checkbox"/> New Construction	<input type="checkbox"/> Age Unknown
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New Construction YN: Yes No

Apx . Completion Date: _____

Builder Name _____

***Acreage YN:** Yes No ***Acres:** _____

Lot Dimensions: _____

Taxes Amount: _____

Deed Rest/Covenant Y/N: Yes No

***Legal:** _____

Zoning:

<input type="checkbox"/> Agricultural	<input type="checkbox"/> Commercial	<input type="checkbox"/> Industrial	<input type="checkbox"/> Multi Family
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<input type="checkbox"/> None	<input type="checkbox"/> Other	<input type="checkbox"/> Residential	<input type="checkbox"/> Residential Office
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Exclusions: _____

***Existing Use:** _____

***Seller Disclosure YN:** Yes No

Contingency:

<input type="checkbox"/> Contact Agent	<input type="checkbox"/> Continue to Show	<input type="checkbox"/> Escape Clause in Contract
<input type="checkbox"/> First Right	<input type="checkbox"/> See Remarks	<input type="checkbox"/> Take Backup Offers

Hrs First Right of Refusal: _____

***Financing Available:**

<input type="checkbox"/> ARMConv	<input type="checkbox"/> FHA	<input type="checkbox"/> Fixed Conv	<input type="checkbox"/> Other – Specify In Remarks
<input type="checkbox"/> Owner	<input type="checkbox"/> Rural Development	<input type="checkbox"/> VA	

Additional SubType:

<input type="checkbox"/> Auto Service Garage	<input type="checkbox"/> Bed and Breakfast	<input type="checkbox"/> Bank	<input type="checkbox"/> Carwash	<input type="checkbox"/> Church
<input type="checkbox"/> Convenient Stores	<input type="checkbox"/> Dealership	<input type="checkbox"/> Grocery Store	<input type="checkbox"/> Hotel/Motel	<input type="checkbox"/> Manufacturing
<input type="checkbox"/> Medical/Dental	<input type="checkbox"/> Mini Storage	<input type="checkbox"/> Office	<input type="checkbox"/> Restaurant	<input type="checkbox"/> Retail
<input type="checkbox"/> Warehouse	<input type="checkbox"/> Other			

Virtual Tour Link: _____

Additional Virtual Tour Link: _____

Brokerage Information

***List Agent Name (MLS ID):** _____

Co List Agent (MLS ID): _____

***Agency/Listing Type:**

<input type="checkbox"/> Exclusive Agency	<input type="checkbox"/> Exclusive Right to Sell	<input type="checkbox"/> Limited Service Listing	<input type="checkbox"/> MLS Entry Only Listing
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***Showing Instructions:**

<input type="checkbox"/> 2hr Notice	<input type="checkbox"/> 4hr Notice	<input type="checkbox"/> 12hr Notice	<input type="checkbox"/> 24hr Notice
<input type="checkbox"/> Apmt Only	<input type="checkbox"/> Call Appt Center	<input type="checkbox"/> Call List Agent	<input type="checkbox"/> Call List Office
<input type="checkbox"/> Key In Office	<input type="checkbox"/> Leavecard	<input type="checkbox"/> List Agent Present	<input type="checkbox"/> Lockbox-Combo
<input type="checkbox"/> Lockbox-SentriLock	<input type="checkbox"/> Lockbox-Supra	<input type="checkbox"/> No Appt. Required	<input type="checkbox"/> No Key
<input type="checkbox"/> Occupied	<input type="checkbox"/> Other-Specify In Remarks	<input type="checkbox"/> Pets-See Remarks	<input type="checkbox"/> Sign In
<input type="checkbox"/> Special Situation	<input type="checkbox"/> Tenant Occupied	<input type="checkbox"/> Vacant	

Exempted Name Prospects: Yes No

Lockbox: _____

***Internet OK:** Yes No

***Allow VOW:** Yes No

Call to Show: _____

***Allow Address Display:** Yes No

***Allow Blogging:** Yes No

Allow Auto Valuation: Yes No

Direct Contact: _____

Agent Safety Concerns:

<input type="checkbox"/> No Heat	<input type="checkbox"/> Minimal or No Ext. Lighting	<input type="checkbox"/> Minimal or No Int. Lighting	<input type="checkbox"/> Remote/Limited Visibility from Road
<input type="checkbox"/> Electricity Not On	<input type="checkbox"/> Poor Cell Service	<input type="checkbox"/> Contact List Agent	<input type="checkbox"/> Other

Property Information

In City Limit Y/N: Yes No

Restrooms: _____

Basement: Yes No

Basement Description:

<input type="checkbox"/> Cellar	<input type="checkbox"/> Finished	<input type="checkbox"/> Full	<input type="checkbox"/> None
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<input type="checkbox"/> Other-Specify In Rmrks	<input type="checkbox"/> Partial	<input type="checkbox"/> Unfinished	<input type="checkbox"/> Walk-Out
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***Flood Zone:** No Unknown Yes
Traffic Count: _____
Office SqFt: _____
Manufacture SqFt: _____
Annual Income: _____
***Disabled Access:** Yes No
Surveyed: No Unknown Yes
Units: _____
Parking Spaces: _____
Drive-in Doors: _____
Ceiling Height: _____
Leased: Yes No

Rail Service: Yes No
Vacant: Yes No
Warehouse SqFt: _____
Retail SqFt: _____
Annual Expenses: _____
Rent Roll Attached: Yes No
Road Frontage: _____
Floors: _____
Docks: _____
Door Height: _____
Max Floor Load Capacity: _____
Cap Rate: _____

Features Information

Floor Covering:

<input type="checkbox"/> Bamboo	<input type="checkbox"/> Brick	<input type="checkbox"/> Carpet	<input type="checkbox"/> Ceramic Tile	<input type="checkbox"/> Concrete
<input type="checkbox"/> Cork	<input type="checkbox"/> Laminate	<input type="checkbox"/> Marble	<input type="checkbox"/> Other-Specify In Remarks	<input type="checkbox"/> Parquet
<input type="checkbox"/> Polished concrete	<input type="checkbox"/> Reclaimed	<input type="checkbox"/> Vinyl	<input type="checkbox"/> Wood	<input type="checkbox"/> Wood Laminate

Foundation:

<input type="checkbox"/> Anchor and Hitch	<input type="checkbox"/> Block	<input type="checkbox"/> Brick	<input type="checkbox"/> Concrete Slab	<input type="checkbox"/> Crawl Space
<input type="checkbox"/> Insulating Concrete Forms	<input type="checkbox"/> Other –Specify In Remarks	<input type="checkbox"/> Pole	<input type="checkbox"/> Skirt	<input type="checkbox"/> Stone

Equipment:

<input type="checkbox"/> Antenna	<input type="checkbox"/> Built-In Ironing Board	<input type="checkbox"/> Central Vacuum
<input type="checkbox"/> Fire Alarm	<input type="checkbox"/> Garage Door Opener	<input type="checkbox"/> Intercom System
<input type="checkbox"/> Keyless Entry	<input type="checkbox"/> None	<input type="checkbox"/> Satellite
<input type="checkbox"/> Security System	<input type="checkbox"/> Smoke Detector	<input type="checkbox"/> Sprinkler
<input type="checkbox"/> Wired For Sound		

Insulation:

<input type="checkbox"/> Cellulose	<input type="checkbox"/> Foam	<input type="checkbox"/> High R Value Ceiling
<input type="checkbox"/> High R Value Floors	<input type="checkbox"/> High R Value Walls	<input type="checkbox"/> Structural Insulated Panels

Air Condition %: _____

Air Condition:

<input type="checkbox"/> Attic Fan	<input type="checkbox"/> Central	<input type="checkbox"/> Electric	<input type="checkbox"/> Energy Star
<input type="checkbox"/> Gas	<input type="checkbox"/> Geothermal	<input type="checkbox"/> Heat Pump	<input type="checkbox"/> High SEER
<input type="checkbox"/> None	<input type="checkbox"/> OT	<input type="checkbox"/> Solar	<input type="checkbox"/> Window Unit
<input type="checkbox"/> Zone			

Heating System:

<input type="checkbox"/> Baseboard	<input type="checkbox"/> Central	<input type="checkbox"/> Commercial	<input type="checkbox"/> Electric	<input type="checkbox"/> Energy Star	<input type="checkbox"/> Floor Furnace
<input type="checkbox"/> Gas	<input type="checkbox"/> Geothermal	<input type="checkbox"/> Heat Pump	<input type="checkbox"/> Humidifier	<input type="checkbox"/> None	<input type="checkbox"/> Other
<input type="checkbox"/> Propane	<input type="checkbox"/> Radiator	<input type="checkbox"/> Radiant	<input type="checkbox"/> Solar	<input type="checkbox"/> Space Heater	<input type="checkbox"/> Wood Stove

Fuel:

<input type="checkbox"/> Coal	<input type="checkbox"/> Electric	<input type="checkbox"/> Gas	<input type="checkbox"/> Kerosene
<input type="checkbox"/> Multi-Fuel System	<input type="checkbox"/> None	<input type="checkbox"/> Oil	<input type="checkbox"/> Other-Specify in Remarks
<input type="checkbox"/> Propane	<input type="checkbox"/> Solar	<input type="checkbox"/> Wood	

Utilities:

<input type="checkbox"/> Antenna	<input type="checkbox"/> Cable	<input type="checkbox"/> DSL	<input type="checkbox"/> Electric	<input type="checkbox"/> Electric Available
<input type="checkbox"/> Fiber Optic	<input type="checkbox"/> Gas Available	<input type="checkbox"/> Gas Not Available	<input type="checkbox"/> Gas Propane	<input type="checkbox"/> Gas Public
<input type="checkbox"/> Generator	<input type="checkbox"/> Other-Specify In Remarks	<input type="checkbox"/> Propane	<input type="checkbox"/> Rural Water-Tap PD	<input type="checkbox"/> Rural Water – Tap Needed
<input type="checkbox"/> Satellite	<input type="checkbox"/> Septic	<input type="checkbox"/> Septic Needed	<input type="checkbox"/> Sewer	<input type="checkbox"/> Sewer None
<input type="checkbox"/> Sewer Private	<input type="checkbox"/> Sewer Public	<input type="checkbox"/> Sewer Public Available	<input type="checkbox"/> Solar Panels	<input type="checkbox"/> STEP -Septic Tank Effluent Pumping
<input type="checkbox"/> Telephone	<input type="checkbox"/> Water None	<input type="checkbox"/> Water Private	<input type="checkbox"/> Water Public	<input type="checkbox"/> Water Public Available
<input type="checkbox"/> Water Well				

Solar Panel Owner:

<input type="checkbox"/> Entire Home Owned	<input type="checkbox"/> Partial Home Owned	<input type="checkbox"/> Entire Home Leased	<input type="checkbox"/> Partial Home Leased
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Generator Owner:

<input type="checkbox"/> Entire Home Owned	<input type="checkbox"/> Partial Home Owned	<input type="checkbox"/> Entire Home Leased	<input type="checkbox"/> Partial Home Leased
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Energy Rating/Certification:

<input type="checkbox"/> Energy Star Qualified New Home	<input type="checkbox"/> HERS Rating	<input type="checkbox"/> LEED for Homes	<input type="checkbox"/> NAHB/NGBS-ICC 700
<input type="checkbox"/> None	<input type="checkbox"/> Other	<input type="checkbox"/> Unknown	

Water Heater:

<input type="checkbox"/> Electric	<input type="checkbox"/> Gas	<input type="checkbox"/> Hot Water Recirculation	<input type="checkbox"/> None
<input type="checkbox"/> On Demand (In-line)	<input type="checkbox"/> Other Type	<input type="checkbox"/> Propane	<input type="checkbox"/> Solar
<input type="checkbox"/> Tankless			

Exterior:

<input type="checkbox"/> Aluminum Siding	<input type="checkbox"/> Brick	<input type="checkbox"/> Cedar	<input type="checkbox"/> Concrete Block
<input type="checkbox"/> Concrete Siding	<input type="checkbox"/> Earth Shelter	<input type="checkbox"/> Exterior Insulation Finishing System	<input type="checkbox"/> Frame
<input type="checkbox"/> Log Siding	<input type="checkbox"/> Masonite Siding	<input type="checkbox"/> Metal Siding	<input type="checkbox"/> Other-Specify In Remarks
<input type="checkbox"/> Redwood	<input type="checkbox"/> Rock	<input type="checkbox"/> Steel	<input type="checkbox"/> Stucco
<input type="checkbox"/> Tile Wall	<input type="checkbox"/> Vinyl Siding		

Roof:

<input type="checkbox"/> Architectural Shingle	<input type="checkbox"/> Asphalt Shingle	<input type="checkbox"/> Built Up Roof	<input type="checkbox"/> Cedar Shake
<input type="checkbox"/> Concrete Tile	<input type="checkbox"/> Fiberglass Shingle	<input type="checkbox"/> Living Roof	<input type="checkbox"/> Metal Roofing
<input type="checkbox"/> Other-Specify In Remarks	<input type="checkbox"/> Reflective Roof Coating	<input type="checkbox"/> Slate	<input type="checkbox"/> Solar Shingles
<input type="checkbox"/> Tile Roof			

Cable: _____**Phone Service:** _____***Location:**

<input type="checkbox"/> Adjacent Golf Course	<input type="checkbox"/> Adjacent National Forest	<input type="checkbox"/> Central Business District	<input type="checkbox"/> Corner Lot
<input type="checkbox"/> Cul-De-Sac	<input type="checkbox"/> Dead End	<input type="checkbox"/> Industrial Park	<input type="checkbox"/> Interior Lot
<input type="checkbox"/> Major Road Frontage	<input type="checkbox"/> Near Country Club	<input type="checkbox"/> Near Trails	<input type="checkbox"/> Neighborhood
<input type="checkbox"/> Neighborhood Business	<input type="checkbox"/> None	<input type="checkbox"/> Office Park	<input type="checkbox"/> Other-Specify In Remarks
<input type="checkbox"/> Pond Front	<input type="checkbox"/> Railroad Access	<input type="checkbox"/> Right of Way	<input type="checkbox"/> River/Brook/Stream
<input type="checkbox"/> Rural	<input type="checkbox"/> Shopping Mall	<input type="checkbox"/> Suburban	<input type="checkbox"/> Timberland/Rural
<input type="checkbox"/> Water Front	<input type="checkbox"/> Wooded/Forrest		

Trail Type:

<input type="checkbox"/> Biking	<input type="checkbox"/> Frontage	<input type="checkbox"/> Greenway	<input type="checkbox"/> Mountain Biking
<input type="checkbox"/> Paved	<input type="checkbox"/> Unpaved	<input type="checkbox"/> Walking	

Transportation:

<input type="checkbox"/> Major Road Access	<input type="checkbox"/> Near Airport	<input type="checkbox"/> None	<input type="checkbox"/> Other	<input type="checkbox"/> Rail Available	<input type="checkbox"/> Water Access
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Parking:

<input type="checkbox"/> 1 Car Unit	<input type="checkbox"/> 2 Car Unit	<input type="checkbox"/> Assigned	<input type="checkbox"/> Assigned Parking
<input type="checkbox"/> Attached Garage	<input type="checkbox"/> Carport	<input type="checkbox"/> Covered	<input type="checkbox"/> Detached Garage
<input type="checkbox"/> Lot	<input type="checkbox"/> None	<input type="checkbox"/> On Street	<input type="checkbox"/> Other
<input type="checkbox"/> Other-Specify In Remarks	<input type="checkbox"/> RV Parking		

Miscellaneous:

<input type="checkbox"/> Fenced	<input type="checkbox"/> Fire System	<input type="checkbox"/> Freight Elevator	<input type="checkbox"/> Furniture Included
<input type="checkbox"/> Inventory Included	<input type="checkbox"/> Kitchen	<input type="checkbox"/> License Included	<input type="checkbox"/> Loading Dock
<input type="checkbox"/> None	<input type="checkbox"/> Other-Specify In Remarks	<input type="checkbox"/> Outside Storage	<input type="checkbox"/> Overhead Truck Doors
<input type="checkbox"/> Passenger Elevator	<input type="checkbox"/> Security System	<input type="checkbox"/> Sprinkler	<input type="checkbox"/> Stair Escalator

Outside Storage: Yes No

Surveillance: Yes No

Remarks Information

***Directions (1030 Characters):** _____

Internal Remarks(255 Characters): _____

***Public Remarks(1030 Characters):** _____

MLS Remarks(1030 Characters): _____

Safety Concern Details(250 Characters): _____

Auction Information

Type: Absolute Reserve
Time: _____

Date: _____
Location: _____
Terms/Condition: _____

Status Change: Information

*Date:	<input type="checkbox"/> Pending	<input type="checkbox"/> Expired	<input type="checkbox"/> Withdrawn	<input type="checkbox"/> Leased/Rented	<input type="checkbox"/> Sold/Closed
*Date:	<input type="checkbox"/> Pending	<input type="checkbox"/> Expired	<input type="checkbox"/> Withdrawn	<input type="checkbox"/> Leased/Rented	<input type="checkbox"/> Sold/Closed
*Date:	<input type="checkbox"/> Pending	<input type="checkbox"/> Expired	<input type="checkbox"/> Withdrawn	<input type="checkbox"/> Leased/Rented	<input type="checkbox"/> Sold/Closed

***Sale Price:** _____

Appraiser Phone: _____

***Selling Agent Name:** _____

Co Selling Agent Name: _____

Appraiser Name: _____

Buyer Name: _____

***Selling Office:** _____

Co Selling Office: _____