

COMMERCIAL LEASE 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	<input type="checkbox"/> NE	<input type="checkbox"/> E	<input type="checkbox"/> SE	<input type="checkbox"/> S	<input type="checkbox"/> SW	<input type="checkbox"/> W	<input type="checkbox"/> NW
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***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"/> Ridge
<input type="checkbox"/> Road	<input type="checkbox"/> Square	<input type="checkbox"/> Street	<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 Date:** _____

***Expire Date:** _____

***Subject To:**

<input type="checkbox"/> Not Applicable	<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

***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		

***Lease Price per SF (Please enter the Lease Price per Square Feet ONLY):** _____

***GBA / Heated SQFT:** _____

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 or Older	<input type="checkbox"/> Resale (less than 25 years old)	<input type="checkbox"/> New Construction	<input type="checkbox"/> Age Unknown
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ApX . Completion Date: _____ **Taxes Amount:** _____

Subdivision: _____

***Acreage:** ☐ Yes ☐ No ***ApX. Acres:** _____

ApX. Open Acres: _____ **ApX. Wooded Acres:** _____

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

***Date Available:** _____

Hrs First Right of Refusal: _____

Virtual Tour Link: _____

Brokerage Information

*List Agent Name (MLS ID): _____

Co List Agent (MLS ID): _____

*Agency/Listing Type:

☐ Exclusive Agency ☐ Exclusive Right to Sell ☐ Limited Service Listing ☐ MLS Entry Only Listing

Exempted Name Prospects: ☐ Yes ☐ No

*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 Office	<input type="checkbox"/> Contact List Agent
<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	

Call to Show: _____

Lockbox: _____

*Allow Address Display: ☐ Yes ☐ No

*Internet OK: ☐ Yes ☐ No

*Allow VOW: ☐ 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

Basement: ☐ Yes ☐ No

Basement Description:

<input type="checkbox"/> None	<input type="checkbox"/> Cellar	<input type="checkbox"/> Finished	<input type="checkbox"/> Full
<input type="checkbox"/> Other-Specify in Remarks	<input type="checkbox"/> Partial	<input type="checkbox"/> Unfinished	<input type="checkbox"/> Walk-Out

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			

Rail Service: ☐ Yes ☐ No

Disabled Access: ☐ Yes ☐ No

Parking Spaces: _____

Drive-in Doors: _____

Ceiling Height: _____

Max Floor Load Capacity: _____

Vacant: ☐ Yes ☐ No

Project Name: _____

*Existing Use: _____

*Min Term: _____

*Lease Type: _____

Traffic Count: _____

Road Frontage: _____

Docks: _____

Door Height: _____

Center Ceiling Height: _____

Cap Rate: _____

Rent Roll Attached: ☐ Yes ☐ No

*Deposit: _____

NNN: _____

Site Size: _____

<input type="checkbox"/> Gross Lease	<input type="checkbox"/> Net Lease	<input type="checkbox"/> Other	<input type="checkbox"/> Triple Net Lease
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*Potential Use:

<input type="checkbox"/> C-Store	<input type="checkbox"/> Church	<input type="checkbox"/> Dealership	<input type="checkbox"/> Drive Thru Food
<input type="checkbox"/> Grocery	<input type="checkbox"/> Hotel/Motel	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Medical/Dental
<input type="checkbox"/> Office	<input type="checkbox"/> Other	<input type="checkbox"/> Restaurant	<input type="checkbox"/> Retail
<input type="checkbox"/> Service Garage	<input type="checkbox"/> Warehouse		

***Building Type:**

<input type="checkbox"/> Big Box	<input type="checkbox"/> Mixed Use	<input type="checkbox"/> Multi-Tenant Building
<input type="checkbox"/> Other-Specify in Remarks	<input type="checkbox"/> Single Tenant/Free Standing	<input type="checkbox"/> Strip Center Suite

Commercial Building Information

Stories:

<input type="checkbox"/> Highrise Building	<input type="checkbox"/> Multi Levels	<input type="checkbox"/> One Level	<input type="checkbox"/> Three Levels	<input type="checkbox"/> Two Levels
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Fiber Optics: ☐ Yes ☐ No

Climate Control: ☐ Yes ☐ No

CAM Amount: _____

Tenant Insurance: _____

Sidewall: _____

CAM: ☐ Yes ☐ No

Tenant Taxes: _____

Tenant POA: _____

Tenant Pays:

<input type="checkbox"/> None	<input type="checkbox"/> Air Condition	<input type="checkbox"/> Cable	<input type="checkbox"/> CAM	<input type="checkbox"/> Electric	<input type="checkbox"/> Gas	<input type="checkbox"/> Heat
<input type="checkbox"/> Insurance	<input type="checkbox"/> Lawn Care	<input type="checkbox"/> Other	<input type="checkbox"/> Phone	<input type="checkbox"/> POA	<input type="checkbox"/> Sanitation	<input type="checkbox"/> Security System
<input type="checkbox"/> Sewer	<input type="checkbox"/> Taxes	<input type="checkbox"/> Water/Sewer	<input type="checkbox"/> Water			

Landlord Pays:

<input type="checkbox"/> None	<input type="checkbox"/> Cable	<input type="checkbox"/> CAM	<input type="checkbox"/> Electric	<input type="checkbox"/> Gas	<input type="checkbox"/> Insurance	<input type="checkbox"/> Lawn Care
<input type="checkbox"/> Other	<input type="checkbox"/> Phone	<input type="checkbox"/> POA	<input type="checkbox"/> Sanitation	<input type="checkbox"/> Security System	<input type="checkbox"/> Taxes	<input type="checkbox"/> Water
<input type="checkbox"/> Water/Sewer						

Sign Allowed: ☐ Yes ☐ No

Lease Option: _____

Parking:

<input type="checkbox"/> None	<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"/> On Street	<input type="checkbox"/> Other
<input type="checkbox"/> Other-Specify In Remarks	<input type="checkbox"/> RV Parking		

Sublet Allowed: ☐ Yes ☐ No

Parking: _____

Space Available: _____

Max Contiguous SqFt: _____

***Minimum Divisible:** _____

Finishout Allowance: _____

Features Information

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

Energy Rating/Certification:

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

***Location:**

<input type="checkbox"/> None	<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"/> 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"/> Waterfront	<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	

Cable: _____

Phone Service: _____

Outside Storage: ☐ Yes ☐ No

Remarks Information

***Directions:** _____

Internal Remarks: _____

***Public Remarks:** _____

MLS Remarks: _____

Safety Concern Details(250 Characters): _____

Status Change: Information

*Date:	<input type="checkbox"/> Expired	<input type="checkbox"/> Withdrawn
*Date:	<input type="checkbox"/> Expired	<input type="checkbox"/> Withdrawn
*Date:	<input type="checkbox"/> Expired	<input type="checkbox"/> Withdrawn

Pending Date: _____

***Leased Price (per GBA):** _____

***Lease Term (# of months):** _____

Appraiser Phone: _____

***Leasing Agent Name:** _____

Co Leasing Agent Name: _____

***Leased Date:** _____

***Monthly Leased Amount:** _____

Appraiser Name: _____

Buyer Name: _____

***Leasing Office:** _____

Co Leasing Office: _____