



Commercial For Sale Data Input

* = Required Field

Listing Contract Information

Property Type Industrial Investment Office Residential Income Retail Other

*Parcel ID No: _____

*Listing Date: _____

*Expiration Date: _____

*Listing Price (\$): _____

***Service Type**

- Full Service
- Limited Service
- Entry Only

***Listing Contract Type**

- Exc. Right to Sell/Lease
- Exc. Agency to Sell/Lease
- Exc. Right to Sell/Lease w/ Reserved Prospect
- Exc. Agency w/ Reserved Prospect
- Exc. Right to Sell/Lease w/ Variable Rate Comp
- Exc. Agency w/ Variable Rate Comp

Items not included in sale: _____

Commission/Compensation

***Compensation Type**

Compensation Notes (150 Characters)

Percentage % Dollar Amount \$

Amount: _____

*Potential Short Sale Yes No Short Sale Comments _____

Agent & Office Information

*List Agent ID _____ List Agent _____

List Agent Office _____

Co-List Agent ID _____ Co-List Agent _____

Co-List Agent Office _____

Listing Address Information

Street # Pre-Direction *Street Name Street Type Post Direction Unit #

*State _____ *County _____ *City _____ *Zip _____

*Neighborhood _____ Complex Name _____

Tax Information

*Property Tax \$ _____ *Assessment \$ _____

*Mil Rate _____ *Tax Year _____ District Tax \$ _____

Commercial Information

Present Use: _____

Potential Use: _____

Business Included: Yes No Negotiable

Income & Expense Information

Gross Annual Income \$ _____ Gross Annual Expense \$ _____ Net operating Income \$ _____

Structural/Exterior Information

Year Built: _____	Number of Units: _____	Number of Tenants: _____
Ceiling Height: _____	Number of stories: _____	ADA compliant: <input type="checkbox"/> Yes <input type="checkbox"/> No
# of Loading Docks: _____	# of Restrooms: _____	# of Overhead Doors: _____
SqFt: _____	Space is Subdividable: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Industrial SqFt: _____
SqFt Source	Office SqFt: _____	Residential SqFt: _____
<input type="checkbox"/> Approximate	Retail SqFt: _____	Warehouse SqFt: _____
<input type="checkbox"/> Owner	Additional Space Available <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Public Records		

Commercial Features (16 Max)

- | | | |
|--|---|---|
| <input type="checkbox"/> Elevator
<input type="checkbox"/> Employee Lounge
<input type="checkbox"/> Fire Suppression System
<input type="checkbox"/> Freight Elevator
<input type="checkbox"/> Handicap Design | <input type="checkbox"/> Hoists
<input type="checkbox"/> Intercom
<input type="checkbox"/> Living Space Available
<input type="checkbox"/> Loading - Dock Height
<input type="checkbox"/> Loading - Grade | <input type="checkbox"/> Loading - Rail Height
<input type="checkbox"/> Loading - Waterfront
<input type="checkbox"/> Public Restrooms
<input type="checkbox"/> Security System
<input type="checkbox"/> Window Display |
|--|---|---|

*Construction (3 Max)

- | | | | | |
|--------------------------------|-----------------------------------|-----------------------------------|----------------------------------|--------------------------------|
| <input type="checkbox"/> Frame | <input type="checkbox"/> Stone | <input type="checkbox"/> Block | <input type="checkbox"/> Masonry | <input type="checkbox"/> Steel |
| <input type="checkbox"/> Brick | <input type="checkbox"/> Aluminum | <input type="checkbox"/> Concrete | <input type="checkbox"/> Metal | <input type="checkbox"/> Other |

Flooring (9 Max)

- | | | | | |
|---------------------------------------|----------------------------------|--------------------------------|--|-------------------------------|
| <input type="checkbox"/> Ceramic Tile | <input type="checkbox"/> Parquet | <input type="checkbox"/> Slate | <input type="checkbox"/> Vinyl | <input type="checkbox"/> Wood |
| <input type="checkbox"/> Concrete | <input type="checkbox"/> Plywood | <input type="checkbox"/> Tile | <input type="checkbox"/> Wall-to-Wall Carpet | |

Covered Parking Space: _____ Uncovered Parking Space: _____ Total Parking Spaces: _____ Parking Spaces per 1000sqft: _____

Exterior Features (20 Max)

- | | | | | |
|---|--|---|---|--|
| <input type="checkbox"/> Awnings | <input type="checkbox"/> Doors - 20+ ft | <input type="checkbox"/> Levelers | <input type="checkbox"/> Outside Storage Area | <input type="checkbox"/> Storage Building |
| <input type="checkbox"/> Door Sign | <input type="checkbox"/> Doors - under 10 ft | <input type="checkbox"/> Lighting | <input type="checkbox"/> Pole Sign | <input type="checkbox"/> Underground Sprinkler |
| <input type="checkbox"/> Doors - 10-15 ft | <input type="checkbox"/> Gutters | <input type="checkbox"/> Loading Dock/Grade | <input type="checkbox"/> Roof Sign | <input type="checkbox"/> Underground Utilities |
| <input type="checkbox"/> Doors - 16-20 ft | <input type="checkbox"/> Incinerator | <input type="checkbox"/> Loading Dock/Well | <input type="checkbox"/> Sidewalk | <input type="checkbox"/> None |

Handicap Features (7 Max)

- | | | | |
|---|---|---|--|
| <input type="checkbox"/> 32" Minimum Door Widths | <input type="checkbox"/> Exterior Curb Cuts | <input type="checkbox"/> Low Cabinetry | <input type="checkbox"/> Ramps |
| <input type="checkbox"/> 60" Turning Radius | <input type="checkbox"/> Hallways 36+ Inches Wide | <input type="checkbox"/> Low Counters | <input type="checkbox"/> Remote Devices |
| <input type="checkbox"/> Accessible Bath | <input type="checkbox"/> Handicap Parking | <input type="checkbox"/> Modified Range | <input type="checkbox"/> Roll-In Shower |
| <input type="checkbox"/> Appliances are Low/Secure | <input type="checkbox"/> Hard/Low Nap Floors | <input type="checkbox"/> Multiple Entries/Exits | <input type="checkbox"/> Roll-under Sink(s) |
| <input type="checkbox"/> Bath Grab Bars | <input type="checkbox"/> Lever Door Handles | <input type="checkbox"/> Raised Dishwasher | <input type="checkbox"/> Scald Control Faucets |
| <input type="checkbox"/> Chair Lift | <input type="checkbox"/> Lever Faucets | <input type="checkbox"/> Raised Toilet | <input type="checkbox"/> Special Needs Transport |
| <input type="checkbox"/> Closet Bars 15-48" Off Floor | | | |

*Foundation (2 Max)

- | | | | | |
|--------------------------------|-----------------------------------|---------------------------------|--------------------------------|-------------------------------|
| <input type="checkbox"/> Block | <input type="checkbox"/> Concrete | <input type="checkbox"/> None | <input type="checkbox"/> Slab | <input type="checkbox"/> Wood |
| <input type="checkbox"/> Brick | <input type="checkbox"/> Masonry | <input type="checkbox"/> Piling | <input type="checkbox"/> Stone | |

*Roof (2 Max)

- | | | | | | |
|---|-----------------------------------|--|-----------------------------------|-------------------------------------|---|
| <input type="checkbox"/> Asphalt Shingle | <input type="checkbox"/> Shake | <input type="checkbox"/> Composition | <input type="checkbox"/> Flat | <input type="checkbox"/> Rubber | <input type="checkbox"/> Not Applicable |
| <input type="checkbox"/> Fiberglass Shingle | <input type="checkbox"/> Slate | <input type="checkbox"/> Concrete | <input type="checkbox"/> Membrane | <input type="checkbox"/> Tar/Gravel | <input type="checkbox"/> Other |
| <input type="checkbox"/> Wood Shingle | <input type="checkbox"/> Built Up | <input type="checkbox"/> EPDM Syn.Rubber | <input type="checkbox"/> Metal | <input type="checkbox"/> Tile | |

*Garage/Parking Info (3 Max)

- | | | | | |
|--|---|---|---|--------------------------------|
| <input type="checkbox"/> Attached Garage | <input type="checkbox"/> Covered Garage | <input type="checkbox"/> Unassigned | <input type="checkbox"/> Parking Garage | <input type="checkbox"/> Other |
| <input type="checkbox"/> Detached Garage | <input type="checkbox"/> Unpaved | <input type="checkbox"/> Driveway | <input type="checkbox"/> Parking Lot | <input type="checkbox"/> None |
| <input type="checkbox"/> Unit Garage | <input type="checkbox"/> Paved | <input type="checkbox"/> On Street Parking | <input type="checkbox"/> Security | |
| <input type="checkbox"/> Carport | <input type="checkbox"/> Assigned | <input type="checkbox"/> Off Street Parking | | |

Units

Unit 1 Unit Type: _____ # of Units of this type: _____ Full Baths _____ Half Baths _____
 Avg SqFt Per Unit: _____ Avg Monthly Rent Per Unit \$ _____ # Vacant Units _____
 Appliances In Unit (Max 12) _____

Unit 2 Unit Type: _____ # of Units of this type: _____ Full Baths _____ Half Baths _____
 Avg SqFt Per Unit: _____ Avg Monthly Rent Per Unit _____ # Vacant Units _____
 Appliances In Unit (Max 12) _____

Unit 3 Unit Type: _____ # of Units of this type: _____ Full Baths _____ Half Baths _____
 Avg SqFt Per Unit: _____ Avg Monthly Rent Per Unit _____ # Vacant Units _____
 Appliances In Unit (Max 12) _____

Unit 4 Unit Type: _____ # of Units of this type: _____ Full Baths _____ Half Baths _____
 Avg SqFt Per Unit: _____ Avg Monthly Rent Per Unit _____ # Vacant Units _____
 Appliances In Unit (Max 12) _____

Unit 5 Unit Type: _____ # of Units of this type: _____ Full Baths _____ Half Baths _____
 Avg SqFt Per Unit: _____ Avg Monthly Rent Per Unit _____ # Vacant Units _____
 Appliances In Unit (Max 12) _____

Unit 6 Unit Type: _____ # of Units of this type: _____ Full Baths _____ Half Baths _____
 Avg SqFt Per Unit: _____ Avg Monthly Rent Per Unit _____ # Vacant Units _____
 Appliances In Unit (Max 12) _____

Unit 7 Unit Type: _____ # of Units of this type: _____ Full Baths _____ Half Baths _____
 Avg SqFt Per Unit: _____ Avg Monthly Rent Per Unit _____ # Vacant Units _____
 Appliances In Unit (Max 12) _____

Unit 8 Unit Type: _____ # of Units of this type: _____ Full Baths _____ Half Baths _____
 Avg SqFt Per Unit: _____ Avg Monthly Rent Per Unit _____ # Vacant Units _____
 Appliances In Unit (Max 12) _____

Unit 9 Unit Type: _____ # of Units of this type: _____ Full Baths _____ Half Baths _____
 Avg SqFt Per Unit: _____ Avg Monthly Rent Per Unit _____ # Vacant Units _____
 Appliances In Unit (Max 12) _____

Unit 10 Unit Type: _____ # of Units of this type: _____ Full Baths _____ Half Baths _____
 Avg SqFt Per Unit: _____ Avg Monthly Rent Per Unit _____ # Vacant Units _____
 Appliances In Unit (Max 12) _____

Unit Type choices: 1 Bedroom - 2 Bedroom - 3 Bedroom - 4+ Bedroom - Efficiency - Industrial - Office - Retail

Appliances Included Choices: Allowance - Electric Cooktop - Gas Cooktop - Cook Top - Electric Range - Gas Rang - Oven/Range - Counter Grill - Wall Oven - Microwave - Range Hood - Refrigerator - Freezer - Subzero - Icemaker - Dishwasher - Disposal - Compactor - Instant Hot Water Tap - Washer - Electric Dryer - Gas Dryer - Dryer - Wine Chiller - None

Lot & Location Information

Acres: _____	*Zoning: _____	In Flood Zone	Elevation Certificate
Traffic Count: _____	Road Frontage FT: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

***Location**

<input type="checkbox"/> Highway Access	<input type="checkbox"/> Suburban	<input type="checkbox"/> Historic Area	<input type="checkbox"/> Shopping Mall
<input type="checkbox"/> Downtown	<input type="checkbox"/> Rural	<input type="checkbox"/> Industrial Park	<input type="checkbox"/> Strip Mall
<input type="checkbox"/> Urban (5 Max)	<input type="checkbox"/> Park	<input type="checkbox"/> Office Park	<input type="checkbox"/> Other

***Road Frontage Description (3 Max)**

<input type="checkbox"/> Interstate Highway	<input type="checkbox"/> Municipal Street	<input type="checkbox"/> Cul-De-Sac	<input type="checkbox"/> Dirt/Gravel Road
<input type="checkbox"/> U.S. Highway	<input type="checkbox"/> Private Road	<input type="checkbox"/> Paved Road	<input type="checkbox"/> Unimproved Road
<input type="checkbox"/> State Road	<input type="checkbox"/> Right of Way	<input type="checkbox"/> Unpaved Road	<input type="checkbox"/> None

***Lot Description (6 Max)**

<input type="checkbox"/> On Cul-De-Sac	<input type="checkbox"/> Additional Land Avail.	<input type="checkbox"/> Corner Lot	<input type="checkbox"/> Sloping Lot
<input type="checkbox"/> Farm Land	<input type="checkbox"/> Some Wetlands	<input type="checkbox"/> Golf Course Frontage	<input type="checkbox"/> Treed
<input type="checkbox"/> Zero Lot Line	<input type="checkbox"/> Dry	<input type="checkbox"/> Level Lot	<input type="checkbox"/> N/A

***Available Documents (10 Max)**

<input type="checkbox"/> Appraisal	<input type="checkbox"/> Flood Elevation Certificate	<input type="checkbox"/> Soil Survey
<input type="checkbox"/> Brochure	<input type="checkbox"/> Lead Disclosure	<input type="checkbox"/> Subdivision Approval
<input type="checkbox"/> Demographic Data	<input type="checkbox"/> Legal Description	<input type="checkbox"/> Topographical Survey
<input type="checkbox"/> Environmental Site Assess.	<input type="checkbox"/> Mechanical Drawing	<input type="checkbox"/> Zoning Approval
<input type="checkbox"/> Environmental Site Assess. (Phase 1)	<input type="checkbox"/> Photo/Survey	<input type="checkbox"/> Other
<input type="checkbox"/> Environmental Site Assess. (Phase 2)	<input type="checkbox"/> Plot Plan/Survey	<input type="checkbox"/> None

Utility Information

***Heat Type (4 Max)**

<input type="checkbox"/> Baseboard	<input type="checkbox"/> Hot Air	<input type="checkbox"/> Radiant	<input type="checkbox"/> Space Heater	<input type="checkbox"/> Warm Air	<input type="checkbox"/> Other
<input type="checkbox"/> Gas on Gas	<input type="checkbox"/> Hot Water	<input type="checkbox"/> Radiator	<input type="checkbox"/> Steam	<input type="checkbox"/> Wood/Coal Stove	<input type="checkbox"/> No Heat
<input type="checkbox"/> Heat Pump	<input type="checkbox"/> Hydro Air	<input type="checkbox"/> Solar	<input type="checkbox"/> Wall Unit	<input type="checkbox"/> Zoned	

Heat Fuel (4 Max)

<input type="checkbox"/> Bottle Gas	<input type="checkbox"/> Electric	<input type="checkbox"/> Kerosene	<input type="checkbox"/> No Fuel	<input type="checkbox"/> Other	<input type="checkbox"/> Solar
<input type="checkbox"/> Coal	<input type="checkbox"/> Geothermal	<input type="checkbox"/> Natural Gas	<input type="checkbox"/> Oil	<input type="checkbox"/> Propane	<input type="checkbox"/> Wood

***Available Utilities (6 Max)**

<input type="checkbox"/> Electric	<input type="checkbox"/> Gas Available	<input type="checkbox"/> Cable	<input type="checkbox"/> Fire Suppression System
<input type="checkbox"/> Electric Available	<input type="checkbox"/> Telephone	<input type="checkbox"/> Cable Available	<input type="checkbox"/> None/Unknown
<input type="checkbox"/> Gas	<input type="checkbox"/> Phone Available	<input type="checkbox"/> Underground Required	

Electrical Voltage: _____ Electrical Amperage: _____ Electrical Phases: _____ # of Electrical Services: _____

***Water (2 Max)**

<input type="checkbox"/> Public Water Connected	<input type="checkbox"/> Private Water System	<input type="checkbox"/> Shared Well	<input type="checkbox"/> Other
<input type="checkbox"/> Public Water In Street	<input type="checkbox"/> Private Well	<input type="checkbox"/> Well Required	<input type="checkbox"/> None

***Cooling (4 Max)**

<input type="checkbox"/> Attic Fan	<input type="checkbox"/> Central Air	<input type="checkbox"/> Wall Unit	<input type="checkbox"/> Window Unit	<input type="checkbox"/> None
<input type="checkbox"/> Ceiling Fans	<input type="checkbox"/> Heat Pump	<input type="checkbox"/> Whole House Fan	<input type="checkbox"/> Zoned	

***Sewage System (2 Max)**

<input type="checkbox"/> Public Sewer Connected	<input type="checkbox"/> Septic	<input type="checkbox"/> Cesspool	<input type="checkbox"/> Other
<input type="checkbox"/> Public Sewer In Street	<input type="checkbox"/> Shared Septic	<input type="checkbox"/> Septic Required	<input type="checkbox"/> None

Annual Sewer Usage Fee _____ **Sewer Assessment Info** _____



Association Information

Property Manager: _____

Property Management's Phone _____

Property Management's Email _____

Additional Information/ShowingTime

Acceptable Financing

- Assumable Owner
- CHFA FHA VA

***Where My Listings Go**

- Homes.com Homesnap
- IDX None
- Realtor.com

***Display Property Address on Internet?**

- Yes No

***Showing Instructions** (Limit: 125 Characters)

ShowingTime Instructions (Limit: 300 Characters)

***Directions** (Limit: 255 Characters)

***Lockbox Description**

- SmartMLS Elec.
- Non-Compatible Elec
- ECAR-SentriLock
- Combo
- Call List Office
- None

Lockbox Location: _____

***Possession/Occupancy:** _____

***Owner:** _____

Owner Phone: _____

***Sign** Yes No

Occupied By: Owner Tenant Vacant

Related MLS # _____

***Bank Owned (REO)** Yes No

Remarks

***Public Remarks** (Limit: 1500 Characters)

Remarks/Directions

Public Remarks (Addendum) (Limit: 2400 Characters)

Agent Remarks (Limit: 500 Characters)

Agreement/Disclosure

VALID LISTING AGREEMENT STATEMENT

I, the undersigned Broker or Authorized Agent, represent to the SmartMLS Inc, its members and cooperating agents, that I have a valid and legally enforceable: (1.) "Exclusive Right to Sell" listing agreement; or (2.) "Exclusive Agency" listing agreement; or (3.) "Exclusive Right to Lease" agreement, with the owners of the above entitled property. The information contained in the data information sheet is, to the best of my knowledge and belief, true and accurate.

Listing Broker or Authorized Agent Signature: _____ **Date:** _____

AUTHORIZATION TO USE THE MULTIPLE LISTING SERVICE AND DISCLAIMER

The Undersigned Owner(s) authorize and instruct(s) the Broker to submit the information contained herein to the SmartMLS Inc, for the purpose of offering the property for sale or lease through its participants during the period specified. This information has been furnished by the Seller and/or other sources and is not guaranteed by the Broker. Owner(s) agree that the information herein is true and correct to his/her/their knowledge. It is understood that there is no contractual relationship between the Owner(s) and the SmartMLS Inc. Receipt of a copy of this Property Data Form is Acknowledged by Owner(s).

Listing Broker or Authorized Agent Signature: _____ **Date:** _____

Seller's Signature: _____ **Date:** _____

Seller's Signature: _____ **Date:** _____