



Commercial Input Form

Fresno Multiple Listing Service

MLS Agent ID #: _____

*County: _____

*APN #: _____

Address: _____

Street #: _____

Direction: (N / S / E / W) _____

Street Name: _____

Suffix: _____

*City: _____

*Zip Code: _____

*Cross Street: _____

*Agent ID: _____

*Agent Name: _____

*Office ID: _____

*Office Name: _____

Co-Agent ID: _____

Co-Agent Name: _____

***Property Subtypes:**

Primary: (Shopping Center / Office Building / Industrial / Retail Strip / Warehouse / Medical-Dental / Manufacturing / Showroom-Tech / Other) _____

Secondary: (Shopping Center / Office Building / Industrial / Retail Strip / Warehouse / Medical-Dental / Manufacturing / Showroom-Tech / Other) _____

Other: (Shopping Center / Office Building / Industrial / Retail Strip / Warehouse / Medical-Dental / Manufacturing / Showroom-Tech / Other) _____

*Transaction Type: (Sale / Lease) _____

*Area: _____
Last 3 of Zip Code

Lease (Sq. Ft.): _____

Lease Type: (Gross / Net / Other) _____

Sub-Lease: (Yes / No) _____

Available Date: _____

Sub-Lease Expiration: _____

*Listing Price: \$ _____

Public Viewable: (Yes / No) _____

*Agreement Type: (Excl. Right to Sell / Excl. Agency / Open) _____

*Show Adr to Public: (Yes / No) _____

*Show AVM on VOW: (Yes / No) _____

Show Cmnts on VOW: (Yes / No) _____

***Commission:** _____

***Variable Rate:** _____ (Yes / No)

Comments: _____

Bedrooms: _____

Bathrooms: _____

(Seller / Appraiser / Tax
Records / Other)

***Approx. Sq. Ft.:** _____

***Sq. Ft. Source:** _____

(Seller / Appraiser / Tax
Records / Other)

Lot Size: _____

Lot Size Source: _____

Year Built: _____

OR: (New / Under Construction)

Listing Period: _____

***Listing Date:** _____

***Expiration Date:** _____

***Occupant Type:** _____ (Owner / Vacant / Caretaker / Tenant)

Occupant Name: _____

Phone to Show: _____

Marketing Remarks: _____

Agent Remarks: _____

Directions to Property: _____

***Potential Use**

- | | | |
|---|--|---|
| <input type="checkbox"/> Automotive | <input type="checkbox"/> Health Club | <input type="checkbox"/> Restaurant-Fast Food |
| <input type="checkbox"/> Bank | <input type="checkbox"/> Hospital | <input type="checkbox"/> Retail Store |
| <input type="checkbox"/> Barber/Beauty Shop | <input type="checkbox"/> Hotel | <input type="checkbox"/> Service Station |
| <input type="checkbox"/> Bowling Alley | <input type="checkbox"/> Industrial Engineer | <input type="checkbox"/> Shop - Neighborhood |
| <input type="checkbox"/> Church | <input type="checkbox"/> Ind. Manufacture | <input type="checkbox"/> Shop - Commercial |
| <input type="checkbox"/> Convenience Market | <input type="checkbox"/> Laundromat | <input type="checkbox"/> Shop - Regional |
| <input type="checkbox"/> Day Care | <input type="checkbox"/> Material Storage | <input type="checkbox"/> Theater |
| <input type="checkbox"/> Department Store | <input type="checkbox"/> Medical Office | <input type="checkbox"/> Warehouse/Dist |
| <input type="checkbox"/> Disc. Store | <input type="checkbox"/> Motel | <input type="checkbox"/> Warehouse/Storage |
| <input type="checkbox"/> General Office | <input type="checkbox"/> Private Club | <input type="checkbox"/> See Remarks |
| <input type="checkbox"/> Government | <input type="checkbox"/> Restaurant | |

Office Sq Ft: _____

Census Tract: _____

Region: _____ (Urban / Rural / Foothill / Mountain)

Stories: _____ (One / Two / Three / Four+ / Split / Basement)

Location

- Corner
- Interior
- Cul De Sac
- Industrial Bus, Park
- Mall/Strip Mall
- Major Arteries
- Frontage

***Access**

- Interstate
- Freeway
- State Highway
- Major Highway
- City Street
- Private Road
- Paved Road
- Unimproved
- Road Easement
- Country Road
- Gravel Road
- Airport - 1 Mile
- Airport - 2-3 Miles
- Airport - 4-5 Miles
- Airport - 6+ Miles

***Additional Parking**

- 1-5 Spaces
- 6-10 Spaces
- 10-20 Spaces
- Over 21 Spaces
- Assigned
- Covered
- Street
- Public Garage
- Unpaved

Total Buildings: _____

Restrooms (#): _____

Zoning: _____

Miscellaneous

(Up to 13 entries Allowed)

- Security Lighting
- Inside Storage
- Outside Storage
- Open Span
- Fire Walls
- Railroad Spur
- Wet Sprinklers
- Deck Grade
- Deck Truck
- Freight Elevator
- Conveyor
- Truck Scale
- Display Window
- Fixtures Furnished
- Additional Buildings
- Handicap Facilities
- License
- Security Lighting
- Signage

Scope of Service: _____

***Roof**

- Composition
- Concrete
- Metal
- Tar/Gravel
- Flat
- Tile/Slate
- Wood
- Other
- Steel Joists
- Wood Joists
- Steel Trusses
- Built Up
- Concrete Deck
- Aluminum Cover
- Asbestos Shingles
- Corrugated Steel
- Composition Shingle
- Insulted

Exterior

- Metal
- Concrete Block
- Tilt Wall
- Brick/Block
- Rock
- Shingle
- Stucco
- Wood
- Other
- Mason Steel
- Steel Glass

***Heating & Cooling**

- Central Heat/Cool
- Central Air
- Window Unit
- Office A/C
- No Cooling
- Central Heat - Gas
- Central Heat - Elec.
- No Heating

Floor: (Concrete/Wood Subfloor) _____

Loading

- Dock High
- Drive In Loading
- Loading in Front
- Loading in Rear
- Vehicle Door
- Other
- None

***Water/Sewer/Gas**

- City Water
- Private Water
- Co-op Water
- Well
- Master Meter Well
- Ind. Meter Well
- No Water
- Private Sewer
- No Sewer
- Septic
- Telephone Available
- Gas Available
- Propane Gas
- Natural Gas
- Master Gas Meter
- Individual Gas

***Electric**

- Master Meter
- Individual Meter
- Electric Available
- Co-op Electric
- 220 Volts
- 440 Volts
- Single Phase

Fence

- Chain Link
- Privacy
- Decorative
- Full
- Partial
- Electric Gate

Ceiling Height

- Under 10 Ft
- 10-16 Ft
- 16-18 Ft
- 18-22 Ft
- 22-25 Ft
- Over 25 Ft
- Suspended
- Unknown
- Other

Alarm & Security Sys

- Fire/Smoke
- Burglar
- Monitored
- Fire Sprinkler
- Security Patrol
- Security Gates

***Showing Instructions**

- Call Listing Office
- Lockbox
- Call Owner
- Call Tenant
- Drive By
- Call Manager
- Restricted Hours
- By Appointment
- Owner Occupied
- Alarm Security

Showing Instructions: _____

***Lock Box:** _____ (YES / NO)

Dual Agency: _____ (Yes / No)

Operating Income: \$ _____

Operating Expense: \$ _____

Tax Rate: % _____

Land Value: \$ _____

Improvement Value: \$ _____

Total Values: \$ _____

***Sales Includes**

- Land Only
- Land & Improvements
- Building (s)
- Inventory
- Franchise
- Equipment
- Furniture
- Licenses
- Other

Property Association

- Dues Optional
- Dues Mandatory
- Parking Fees

Occupancy

- CPI Change
- Full Service
- Net Lease
- Gross Lease
- Modified Gross Lease
- Percentage Lease
- Sub Lease
- Fixed Lease
- Build to Suit

***Tenant Pays**

- Utilities
- Common Area
- Maintenance Fees
- Taxes
- Insurance
- Other
- Parking Area
- Janitorial

Owner Name: _____

Owner Phone: _____

***Owner Pays**

- Utilities
- Taxes
- Insurance
- Maintenance Fees
- Parking Area
- Janitorial
- None

***Existing Loan**

- Conventional
- Private
- Assumable
- Non-Assumable
- Free & Clear

***Terms**

- Conventional
- Seller 1st
- Seller 2nd
- Price "As Is"
- Lease Option
- Wrap
- Cash Only
- Exchange
- Submit

Sale Options

- Total Parcel Only
- Divided
- Adjacent Land Avail.

Special Conditions

- REO
- Bankruptcy
- Probate
- Estate Sale
- Court Approval Req.
- Bidding Required

X

Signature

Date