



BROKER LISTING COOPERATIVE®

Commercial Profile Sheet - Sale or Lease

Agent / Office Info

(R) List Agent ID _____ List Agent Name _____
 Showings Phone Number _____ Feedback Phone Number _____
 Feedback Email (enter ONLY if different than the list agent email address)

Team Leader ID _____ Team Leader Name _____

Co-Agent ID _____ Co-Agent Name _____

Contact #1 Type (Choose up to 2)
 Appointment Center Management Company
 Auction Model
 CSS Online Team Name
 Feedback Other
 Contact #1 Name _____ Contact #1 Phone _____ / _____ / _____

Contact #2 Type (Choose up to 2)
 Appointment Center Management Company
 Auction Model
 CSS Online Team Name
 Feedback Other
 Contact #2 Name _____ Contact #2 Phone _____ / _____ / _____

Contract Info: Listing Information

(R) Listing Type (Choose 1)
 One Party
 Exclusive Agency
 Exclusive Right to Lease
 Exclusive Right to Sell
 Exclusive Right to Sell w/Exclusions

(R) List Date _____ / _____ / _____

(R) Expiration Date _____ / _____ / _____

(R) List/Lease Price \$ _____

(R) Affected by Disclosures
 Yes No

Lease Price / Sq Ft \$ _____

Property SubType (Choose 1)
 Industrial
 Office
 Retail

Disclosures (Choose 1)
 (Required if Affected by Disclosures is yes)
 Bank Owned
 HUD-Owned
 VA-Owned
 Corporate Owned
 Relocation Controlled
 Relocation Owned
 Not Applicable

Disclosure Other (Choose up to 5)

<input type="checkbox"/> Special Addendum	<input type="checkbox"/> Historic District
<input type="checkbox"/> Agent Owned	<input type="checkbox"/> Income Restrictions
<input type="checkbox"/> As-Is	<input type="checkbox"/> Package
<input type="checkbox"/> Assesments Other	<input type="checkbox"/> Pre-Foreclosure
<input type="checkbox"/> Auction	<input type="checkbox"/> Probate
<input type="checkbox"/> Assessment Barrett	<input type="checkbox"/> Receivorship
<input type="checkbox"/> Bankruptcy	<input type="checkbox"/> Refusal to Sell
<input type="checkbox"/> Cosmetics Needed	<input type="checkbox"/> Rental Restrictions
<input type="checkbox"/> Covenants & Restrictions	<input type="checkbox"/> Rules & Regulations
<input type="checkbox"/> Defects / Call Office	<input type="checkbox"/> Sales Disclosure Not Required
<input type="checkbox"/> Defects / None Noted	<input type="checkbox"/> Sales Disclosure on File
<input type="checkbox"/> Defects / See Remarks	<input type="checkbox"/> Sales Disclosure See Media
<input type="checkbox"/> Shared Driveway	<input type="checkbox"/> Short Sale Approved
<input type="checkbox"/> Estate	<input type="checkbox"/> Short Sale Possible
<input type="checkbox"/> Exclude Call Office	<input type="checkbox"/> Tap Fee
<input type="checkbox"/> Fixer Upper	<input type="checkbox"/> Updating Needed
<input type="checkbox"/> Flood Insurance Required	<input type="checkbox"/> 55+ Community
<input type="checkbox"/> Flood Plain	<input type="checkbox"/> None
<input type="checkbox"/> Flood Plain Partial	<input type="checkbox"/> Other / See Remarks
<input type="checkbox"/> Foreclosure	<input type="checkbox"/> Not Applicable

(R) Transaction Type (Choose up to 3)
 Auction
 Exchange
 Lease
 Lease / Option to Buy
 Sale
 Sale / Lease Back

REO/Relocation?
 Yes No

Contract Info: Internet

(R) Available for Showing
 Yes No

(R) Available for Showing Date _____ / _____ / _____

(R) Is there Direct Soliciting?
 Is there a "For Sale by Owner" or other sign or notice on the property indicating the seller is soliciting direct contact from buyers?
 Yes No

Allow Listing on Public Internet?
 Yes No

Allow Address on Public Internet?
 (Required if on public internet)
 Yes No

Allow Property Description on Internet?
 (Required if on public internet)
 Yes No

Cooperation / Compensation

(R) BAC (%/\$)

<input type="checkbox"/> Percentage
<input type="checkbox"/> Dollar Amount
<input type="checkbox"/> First Month's Rent

(R) Buyer Agency Commission _____

(R) Variable Rate Commission

Yes No

Location

(R) Street Number _____

Street Direction

<input type="checkbox"/> East	<input type="checkbox"/> South
<input type="checkbox"/> North	<input type="checkbox"/> Stheast
<input type="checkbox"/> Northeast	<input type="checkbox"/> Sthwest
<input type="checkbox"/> Northwest	<input type="checkbox"/> West

(R) Street Name _____

Street Type

<input type="checkbox"/> Avenue	<input type="checkbox"/> Hollow	<input type="checkbox"/> Point
<input type="checkbox"/> Bend	<input type="checkbox"/> Lake	<input type="checkbox"/> Ridge
<input type="checkbox"/> Boulevard	<input type="checkbox"/> Landing	<input type="checkbox"/> Road
<input type="checkbox"/> Circle	<input type="checkbox"/> Lane	<input type="checkbox"/> Roundabout
<input type="checkbox"/> Court	<input type="checkbox"/> Manor	<input type="checkbox"/> Row
<input type="checkbox"/> Cove	<input type="checkbox"/> Overlook	<input type="checkbox"/> Run
<input type="checkbox"/> Creek	<input type="checkbox"/> Park	<input type="checkbox"/> Square
<input type="checkbox"/> Crescent	<input type="checkbox"/> Parkway	<input type="checkbox"/> Street
<input type="checkbox"/> Crest	<input type="checkbox"/> Pass	<input type="checkbox"/> Terrace
<input type="checkbox"/> Crossing	<input type="checkbox"/> Path	<input type="checkbox"/> Trace
<input type="checkbox"/> Drive	<input type="checkbox"/> Pike	<input type="checkbox"/> Trail
<input type="checkbox"/> Grove	<input type="checkbox"/> Place	<input type="checkbox"/> Way
<input type="checkbox"/> Highway	<input type="checkbox"/> Plaza	

Street Direction Suffix

<input type="checkbox"/> East	<input type="checkbox"/> South
<input type="checkbox"/> North	<input type="checkbox"/> Stheast
<input type="checkbox"/> Northeast	<input type="checkbox"/> Sthwest
<input type="checkbox"/> Northwest	<input type="checkbox"/> West

(R) Area _____

(R) City _____

(R) State
I N

(R) Zip Code _____

+4 (Zip Code) _____

(R) County _____

(R) Township _____

(R) Lot Number _____

Section _____

(R) Legal _____

Park / Building / Center Name _____

General

(R) Tax ID #

|_|_| - |_|_| - |_|_| - |_|_|_|_| - |_|_|_|_| - |_|_|_|_| - |_|_|_|_|

Year Built _____

(R) New Construction

<input type="checkbox"/> No - Resale
<input type="checkbox"/> Proposed
<input type="checkbox"/> Yes - Permit Filed

Multiple Tax ID #

|_|_|_| - |_|_|_| - |_|_|_| - |_|_|_|_|_| - |_|_|_|_|_| - |_|_|_|_|_| - |_|_|_|_|_|

Year Renovated _____

General : Remarks

(R) Directions (210 Characters)

Property Description (No Contact or Financing Information) (750 Characters)

Agent Remarks (500 Characters)

General: Virtual Tour / Web Link Information

Branded Virtual Tour URL http:// _____

Web URL http:// _____

Unbranded Virtual Tour URL http:// _____

HOA URL http:// _____

Interactive Virtual Tour URL http:// _____

Taxes

(R) Semi-Annual Tax

\$ _____

Net Operating Income

Insurance Expense

Cap Rate

(R) Tax Year Due/Payable

Gross Potential Rent

Insurance Expense per SqFt

Investment

Yes

No

Gross Rent Multiplier

Actual Expenses

Finance

Possible Financing (Choose up to 4)

<input type="checkbox"/> Assume Approval	<input type="checkbox"/> Conventional, Insured (ICON)	<input type="checkbox"/> Lease Purchase	<input type="checkbox"/> See Remarks
<input type="checkbox"/> Assume No Approval	<input type="checkbox"/> Exchange, 1031	<input type="checkbox"/> Lease with Option	<input type="checkbox"/> Not Applicable
<input type="checkbox"/> Cash Only	<input type="checkbox"/> Farmers Home Loan Admin (FarmHA)	<input type="checkbox"/> Rehab, 203K	
<input type="checkbox"/> Closing Costs, Seller Will Pay	<input type="checkbox"/> Federal Housing Administration (FedHA)	<input type="checkbox"/> U S Dept Agriculture Rural Housing (USDA)	
<input type="checkbox"/> Contract / Private	<input type="checkbox"/> Income Restrictions	<input type="checkbox"/> Veteran Administration (VA)	
<input type="checkbox"/> Conventional	<input type="checkbox"/> Indiana Housing Finance Authority (IHFA)	<input type="checkbox"/> Other	

Features

(R) Building Size _____	(R) Space Available _____	Minimum Contiguous SqFt _____	Floor Size _____								
Min Space Avail SqFt _____	# of Stories _____	Sprinkler (Choose 1) <table border="1"> <tr><td><input type="checkbox"/> Combo</td><td><input type="checkbox"/> Wet</td></tr> <tr><td><input type="checkbox"/> Dry</td><td><input type="checkbox"/> See Remarks</td></tr> <tr><td><input type="checkbox"/> ESRF</td><td><input type="checkbox"/> None</td></tr> <tr><td><input type="checkbox"/> In Line Rack</td><td></td></tr> </table>	<input type="checkbox"/> Combo	<input type="checkbox"/> Wet	<input type="checkbox"/> Dry	<input type="checkbox"/> See Remarks	<input type="checkbox"/> ESRF	<input type="checkbox"/> None	<input type="checkbox"/> In Line Rack		Maximum Contiguous SqFt _____
<input type="checkbox"/> Combo	<input type="checkbox"/> Wet										
<input type="checkbox"/> Dry	<input type="checkbox"/> See Remarks										
<input type="checkbox"/> ESRF	<input type="checkbox"/> None										
<input type="checkbox"/> In Line Rack											
Divisible <input type="checkbox"/> Yes <input type="checkbox"/> No	(R) Zoning _____	Auto Parking _____	Total # of Acres _____								
Multi-Tenants <input type="checkbox"/> Yes <input type="checkbox"/> No	Construction (42 Characters) _____	Auto Parking Surface _____	Road Frontage Ft _____								
Ceiling Height _____	HVAC (Retail and Office Only) _____	Auto Parking Surface _____	Roof (42 Characters) _____								

(R) Utilities (Choose up to 4)

<input type="checkbox"/> Electric	<input type="checkbox"/> Cable Available	<input type="checkbox"/> Municipal Water Connected
<input type="checkbox"/> Separate Electric Meter	<input type="checkbox"/> Cable Connected	<input type="checkbox"/> Private Well
<input type="checkbox"/> Separate Gas Meter	<input type="checkbox"/> Gas Available	<input type="checkbox"/> Private Sewer Connection
<input type="checkbox"/> Separate Sewer Meter	<input type="checkbox"/> Gas Connected	<input type="checkbox"/> Septic System
<input type="checkbox"/> Sewer	<input type="checkbox"/> Municipal Storm Available	<input type="checkbox"/> Storm Sewer
<input type="checkbox"/> Water	<input type="checkbox"/> Municipal Storm Connected	<input type="checkbox"/> Sump Pump
<input type="checkbox"/> Well	<input type="checkbox"/> Municipal Water Available	<input type="checkbox"/> Other

Miscellaneous (Choose up to 4)

<input type="checkbox"/> Will Divide	<input type="checkbox"/> Net Operating Statement
<input type="checkbox"/> Easement	<input type="checkbox"/> Owner Operator
<input type="checkbox"/> Equipment Included	<input type="checkbox"/> Sell Entity
<input type="checkbox"/> Fence Barbed	<input type="checkbox"/> See Remarks
<input type="checkbox"/> Fence Board	<input type="checkbox"/> Not Applicable
<input type="checkbox"/> Fence Cross	
<input type="checkbox"/> Fence Woven	

Road Access

(Choose up to 2)

<input type="checkbox"/> Access Limited	<input type="checkbox"/> Road County
<input type="checkbox"/> Easement Access	<input type="checkbox"/> Road Frontage
<input type="checkbox"/> Highway State	<input type="checkbox"/> Road Private
<input type="checkbox"/> Highway US	<input type="checkbox"/> Street City
<input type="checkbox"/> Interstate	<input type="checkbox"/> Street Cuts
<input type="checkbox"/> Landlocked	<input type="checkbox"/> See Remarks
<input type="checkbox"/> Road Access	<input type="checkbox"/> Not Applicable

Road Surface

(Choose up to 2)

<input type="checkbox"/> Asphalt
<input type="checkbox"/> Concrete
<input type="checkbox"/> Dirt
<input type="checkbox"/> Gravel
<input type="checkbox"/> Tar-Chip
<input type="checkbox"/> See Remarks
<input type="checkbox"/> Not Applicable

Interstate

(Choose up to 2)

<input type="checkbox"/> Ramp <1 Mile
<input type="checkbox"/> Ramp 1-3 Miles
<input type="checkbox"/> Ramp 3-5 Miles
<input type="checkbox"/> Ramp >5 Miles
<input type="checkbox"/> Visible

(R) Present Use

(Choose 1)

<input type="checkbox"/> Retail	<input type="checkbox"/> Commercial Single Tenant
<input type="checkbox"/> Vacant	<input type="checkbox"/> Industrial
<input type="checkbox"/> Agriculture	<input type="checkbox"/> Medical
<input type="checkbox"/> Apartment <20	<input type="checkbox"/> Office
<input type="checkbox"/> Apartment >20	<input type="checkbox"/> Resident
<input type="checkbox"/> Auto Dealer	<input type="checkbox"/> Restaurant
<input type="checkbox"/> Auto Gas	<input type="checkbox"/> Specific Use Government
<input type="checkbox"/> Auto Miscellaneous	<input type="checkbox"/> Specific Use Park
<input type="checkbox"/> Church	<input type="checkbox"/> Specific Use Recreation
<input type="checkbox"/> Commercial Multi-Tenant	<input type="checkbox"/> Other / See Remarks

Proposed Use

(Choose up to 4)

<input type="checkbox"/> Agriculture	<input type="checkbox"/> Medical
<input type="checkbox"/> Apartment <20	<input type="checkbox"/> Office
<input type="checkbox"/> Apartment >20	<input type="checkbox"/> Resident
<input type="checkbox"/> Auto Dealer	<input type="checkbox"/> Restaurant
<input type="checkbox"/> Auto Gas	<input type="checkbox"/> Specific Use Government
<input type="checkbox"/> Auto Miscellaneous	<input type="checkbox"/> Specific Use Park
<input type="checkbox"/> Church	<input type="checkbox"/> Specific Use Recreation
<input type="checkbox"/> Commercial Multi-Tenant	<input type="checkbox"/> Other / See Remarks
<input type="checkbox"/> Commercial Single Tenant	
<input type="checkbox"/> Industrial	

Documents on File

(Choose up to 6)

<input type="checkbox"/> ADA
<input type="checkbox"/> Aerial Photo
<input type="checkbox"/> Air Rights
<input type="checkbox"/> Building Permit
<input type="checkbox"/> Covenants
<input type="checkbox"/> Covenants & Restrictions
<input type="checkbox"/> Deed Restrictions
<input type="checkbox"/> Demographic
<input type="checkbox"/> Environmental Assessment
<input type="checkbox"/> Legal Description
<input type="checkbox"/> Map Available Topographic
<input type="checkbox"/> Other Restrictions

Road Frontage

(Choose up to 2)

<input type="checkbox"/> Highway State
<input type="checkbox"/> Highway US
<input type="checkbox"/> Interstate
<input type="checkbox"/> Landlocked
<input type="checkbox"/> Road County
<input type="checkbox"/> Road Frontage
<input type="checkbox"/> Road Privacy
<input type="checkbox"/> Road State
<input type="checkbox"/> Street City
<input type="checkbox"/> See Remarks
<input type="checkbox"/> Not Applicable

Retail Only

Retail Type

Freestanding
 Strip Center

Anchor

(Choose up to 3)

<input type="checkbox"/> Department Store
<input type="checkbox"/> Discount
<input type="checkbox"/> Drug
<input type="checkbox"/> Grocery
<input type="checkbox"/> See Remarks

Traffic Count

Traffic Year

Signage

(Choose up to 2)

<input type="checkbox"/> Pylon
<input type="checkbox"/> Storefront
<input type="checkbox"/> Other / See Remarks

Lot Size

Industrial Only

Manufacture SqFt _____	Office SqFt _____	# Docks _____	Truck Parking _____
Manufacture Floors _____	Office HVAC _____	# Drive-Ins _____	Truck Parking Surface _____
Manufacture HVAC _____	Office Features _____	Bay Size _____	Rail _____
Manufacture Restrooms _____	Office Restrooms _____	Ceiling Height _____	
Warehouse SqFt _____	Electrical Service _____	Fence _____	

Lease Information

Existing Lease <input type="checkbox"/> Yes <input type="checkbox"/> No	Lease Type (Choose 1) <input type="checkbox"/> Full Service <input type="checkbox"/> Gross <input type="checkbox"/> Negotiable <input type="checkbox"/> Triple Net	Remaining Term _____	Proposed Lease Type (Choose up to 2) <input type="checkbox"/> Full Service <input type="checkbox"/> Gross <input type="checkbox"/> Negotiable <input type="checkbox"/> Triple Net	Proposed Term _____
--	---	-------------------------	--	------------------------

Auction Information

Auction Company _____	Auction Company License # _____	Auction Manager _____	Auction Manager License # _____
Auction Type* _____	Auction Date ____ / ____ / ____	Auction Time _____	

**Examples: absolute, minimum bid, reserve, bank ordered, court ordered, estate, flex bid, live, live & online, online, public, sheriff sale, etc.*