



MIBOR

BROKER LISTING COOPERATIVE

Commercial Profile Sheet - Sale or Lease

Agent / Office Info

(R) List Agent ID _____ List Agent Name _____

Showing's 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)

| | |
|---|---|
| <input type="checkbox"/> Appointment Center | <input type="checkbox"/> Management Company |
| <input type="checkbox"/> Auction | <input type="checkbox"/> Model |
| <input type="checkbox"/> CSS Online | <input type="checkbox"/> Team Name |
| <input type="checkbox"/> Feedback | <input type="checkbox"/> Other |

Contact #1 Name _____ Contact #1 Phone _____ / _____ / _____

Contact #2 Type (Choose up to 2)

| | |
|---|---|
| <input type="checkbox"/> Appointment Center | <input type="checkbox"/> Management Company |
| <input type="checkbox"/> Auction | <input type="checkbox"/> Model |
| <input type="checkbox"/> CSS Online | <input type="checkbox"/> Team Name |
| <input type="checkbox"/> Feedback | <input type="checkbox"/> Other |

Contact #2 Name _____ Contact #2 Phone _____ / _____ / _____

Contract Info: Listing Information

(R) Listing Type (Choose 1)

| |
|---|
| <input type="checkbox"/> One Party |
| <input type="checkbox"/> Exclusive Agency |
| <input type="checkbox"/> Exclusive Right to Lease |
| <input type="checkbox"/> Exclusive Right to Sell |
| <input type="checkbox"/> 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)

| |
|-------------------------------------|
| <input type="checkbox"/> Industrial |
| <input type="checkbox"/> Office |
| <input type="checkbox"/> Retail |

(R) Transaction Type (Choose up to 3)

| |
|--|
| <input type="checkbox"/> Auction |
| <input type="checkbox"/> Exchange Lease |
| <input type="checkbox"/> Lease / Option to Buy |
| <input type="checkbox"/> Sale |
| <input type="checkbox"/> Sale / Lease Back |

Disclosures (Choose 1)
(Required if Affected by Disclosures is yes)

| |
|--|
| <input type="checkbox"/> Bank Owned |
| <input type="checkbox"/> HUD-Owned |
| <input type="checkbox"/> VA-Owned |
| <input type="checkbox"/> Corporate Owned |
| <input type="checkbox"/> Relocation Controlled |
| <input type="checkbox"/> Relocation Owned |
| <input type="checkbox"/> 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"/> Assessments Other | <input type="checkbox"/> Pre-Foreclosure |
| <input type="checkbox"/> Auction | <input type="checkbox"/> Probate |
| <input type="checkbox"/> Assessment Barret | <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 |

REO/Relocation? Yes No

(R) Possession (Choose up to 2)

| | |
|---|--|
| <input type="checkbox"/> Closing, At | <input type="checkbox"/> Rent Back, Per Diem |
| <input type="checkbox"/> Date, Specific | <input type="checkbox"/> Tenant's Rights |
| <input type="checkbox"/> Negotiable | <input type="checkbox"/> Other/See Remarks |
| <input type="checkbox"/> Other Home, Upon Possession of | |

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"/> | Sttheast |
| <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"/> | Sttheast |
| <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 _____ Gross Rent Multiplier _____ Actual Expenses _____

No

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) <input type="checkbox"/> Combo <input type="checkbox"/> Wet <input type="checkbox"/> Dry <input type="checkbox"/> See Remarks <input type="checkbox"/> ESFR <input type="checkbox"/> None <input type="checkbox"/> In Line Rack | Maximum Contiguous SqFt _____ |
| 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"/> Perc Test |
| <input type="checkbox"/> Aerial Photo | <input type="checkbox"/> Survey Staked |
| <input type="checkbox"/> Air Rights | <input type="checkbox"/> Survey Soil |
| <input type="checkbox"/> Building Permit | <input type="checkbox"/> Survey Wetland |
| <input type="checkbox"/> Covenants | <input type="checkbox"/> Traffic Cnt |
| <input type="checkbox"/> Covenants & Restrictions | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Deed Restrictions | <input type="checkbox"/> Water Well Test |
| <input type="checkbox"/> Demographic | <input type="checkbox"/> See Remarks |
| <input type="checkbox"/> Environmental Assessment | <input type="checkbox"/> None |
| <input type="checkbox"/> Legal Description | <input type="checkbox"/> Other |
| <input type="checkbox"/> Map Available Topographic | <input type="checkbox"/> Not Applicable |
| <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)

Department Store
 Discount
 Drug
 Grocery
 See Remarks

Traffic Count

Traffic Year

Signage

(Choose up to 2)

Pylon
 Storefront
 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.*

