Commercial/Industrial

Greater Southern MLS Data Listing Input Form

Required fields are denoted with a red asterisk (*) and conditionally required fields are denoted with a double red asterisk (**).

Listing Information							
*Listing Agent: Co-Listing Agent:							
*List Price \$: *SqFt Price \$: *	Assumable:	YN					
*Listing Date: *Expiration Date: *	One Time Li	sting:Y _	_N				
*Total Commission \$: or% *Co-op Broker Commission \$:	OI	%					
*Owner May Finance:YesNo							
*Foreclosure:YesNo *Lease Price \$:YesNo *Lease Purchase Possible:YesNo							
*Listing Type: Exclusive Agency Listing Exclusive Right to Sell Exclusive Right to Sell listing w/named Prospect	Service Listing	None					
Essential Information							
Street #: *Street Name: *Street Type:							
*If Street # is not assigned yet you MUST onton LOT #	Alley	Ave	Blvd				
*If Street # is not assigned yet, you MUST enter LOT # Dir Prefix:	Circle	Court	Cove				
N S NE SW	Drive	Heights	Hwy				
E W SE NW	Lane	Loop	None				
	Other	Pkwy	Place				
*Area: *Parish:	Point	Road	Square				
*City: *Zip Code:	Street	Trace	Way				
*City Limits:YN							
*Bounding Streets: *Parcel:		*Zoning: _					
*Legal Description:							
*Lot Size: *Acres: Stories: Total Income Rental:							
Warehouse SqFt:							
*Year Built:							
*Year Built Description:							
Additional Years More or Less New Construction Renovation		To Be Built					

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Seller's Initials (_____)(____) Agent/Broker/Participant's Initials (_____)(____

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Property Feat	ures	5														
*Termite Contract:YesNo		*Warranty:YesNo *Ii					ncome	ncome Producing:YesNo								
Elevator:YesNo *Sp			*Sprink	· — —					ervice:YesNo							
*Water Front:YesNo			*Naviga	able	:	_Yes	No		*[Dock A	vailable:	_Yes	sNo			
Dock Doors #: Dock Doors Size: Ceiling Height: Eave Height:							_									
*Common Area N																
	Electrical Phase: Electrical Voltage: Electrical Amps:															
			_				J						' -		_	
*Building Type:																
Comm/Res Combo Hotel			Industrial			Medical Office			Office	Mo		obile Home				
Motel Office Building			Oth	er				Restaru	ıant		Retail					
*Exterior (max 3)	:															
<u> </u>		Cedar			Cement		Cinder Block			Concrete		Frame				
Log	Metal			Other			Sidir	ng		Stuc	со		Vinyl Siding		Wood Siding	
*Car Storage (ma	ov 3).															
Assigned	- 	tached			Carport	Carport			Covered		Detacl	Detached		Driveway Only		
Garage	Lo				None				One			Two	 		Three or More	
					·											
*Electric Provide	r:	;	*Gas T	уре:		*Water Type:				*Sewer T			/pe:			
Beauregard			Butane		Commi			unity				Community		Public		
Cleco	_		Natural Propane	<u> </u>	None Public						-	Mechanical None		Septic Treatment Plant	_	
Jeff Davis	_		None		Well			<u>'</u>		-	Other		Treatment rant	_		
Other																_
Additional Inf	orma	ation														
Owner Name					O۱	vne	r Ho	me #	<u>ŧ</u> .			0	wner Work	# ·		
Owner Name:										_	Spouse Work #:					
Occupant Name:																
Seller Cell #:											iituai ioui.					
Alarm Code:					_ Ala	Alarm Phone:										
		_							_							
Shown Access:	;	Stand	ard 8a	m-9p	m or Da	aylig	ht		_ Custo	mize	ed Hou	irs	24 hou	ır acc	ess	
*Shown by (max	2):	App	ointme	ent	_Key _	L	.ock	box _	Vaca	nt						
Showing Phone	Numh	oer														

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Showing Instructions (max 255 c	haracters)		
3	<i>,</i>		
Directions (see SEE shows town)			
*Directions (max 255 characters)			
Agent Only Remarks (max 210 ch	naracters)		
	·		
Untownet Demarks (may 1 000 abo	arostoro)		
Internet Remarks (max 1,000 cha	aracters)		
*Agent Signature	Date	*Seller's Signature	Date
*Agent Signature	Date	*Seller's Signature	Date

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