

Listing Address: _____

LAG # _____

<p>LOCATION</p> <p>Lot Number _____</p> <p>Block _____</p> <p>Dst./Shopping Ct/Bus _____</p> <p>Business Name _____</p> <hr/> <p>LISTING INFORMATION</p> <p>• Preliminary Title Ordered (Y/N) <input type="checkbox"/></p> <p>Form 17 (1) <input type="checkbox"/> Provided <input type="checkbox"/> Not Provided <input type="checkbox"/> Exempt</p> <p>• Possession (3) <input type="checkbox"/> Closing <input type="checkbox"/> Negotiable <input type="checkbox"/> Subj. to Tenants Rights <input type="checkbox"/> See Remarks</p> <p>• Showing Information (5) <input type="checkbox"/> Appointment <input type="checkbox"/> Call Listing Office <input type="checkbox"/> Owner-Call First <input type="checkbox"/> View With Discretion <input type="checkbox"/> See Remarks</p> <p>Location (5) <input type="checkbox"/> Business Park <input type="checkbox"/> Corner <input type="checkbox"/> Free Standing <input type="checkbox"/> Inside <input type="checkbox"/> Shopping Center <input type="checkbox"/> See Remarks</p> <hr/> <p>PROPERTY INFORMATION</p> <p>Annual Association Dues \$ _____</p> <p>Lot Dimensions _____</p> <p>Building Condition (1) <input type="checkbox"/> Average <input type="checkbox"/> Fair <input type="checkbox"/> Fixer <input type="checkbox"/> Good <input type="checkbox"/> Remodeled <input type="checkbox"/> Restored <input type="checkbox"/> Under Construction <input type="checkbox"/> Very Good</p>	<p>FINANCIAL INFORMATION</p> <p>Real Estate Value _____</p> <p>Equipment Value _____</p> <p>Inventory Value _____</p> <p>Goodwill Value _____</p> <p>_____</p> <p>• Annual Gross Sales _____</p> <p>• Annual Rent _____</p> <p>• Annual Expenses _____</p> <p>• Net Proceeds _____</p> <hr/> <p>ADDL LISTING INFORMATION</p> <p>• Potential Terms (8) <input type="checkbox"/> Assumable <input type="checkbox"/> Cash Out <input type="checkbox"/> Conventional <input type="checkbox"/> Lease/Purchase <input type="checkbox"/> Owner Financing <input type="checkbox"/> SBA <input type="checkbox"/> Variable Price Listing <input type="checkbox"/> See Remarks</p> <p>Lease Terms (4) <input type="checkbox"/> None <input type="checkbox"/> Assignable <input type="checkbox"/> Less than 1 year <input type="checkbox"/> 1-2 Years <input type="checkbox"/> 2-3 Years <input type="checkbox"/> 3-5 years <input type="checkbox"/> More than 5 Years <input type="checkbox"/> May Escalate</p> <hr/> <p>ADDL PROPERTY INFORMATION</p> <p>Real Property (4) <input type="checkbox"/> Lease Only <input type="checkbox"/> Lease Option <input type="checkbox"/> Optional <input type="checkbox"/> Purchase <input type="checkbox"/> Rent Only <input type="checkbox"/> Separate Listing <input type="checkbox"/> See Remarks</p> <p>_____</p> <p>Total Covered Parking</p> <p>_____</p> <p>Total Uncovered Parking</p>	<p>BUSINESS INFORMATION</p> <p><input type="checkbox"/> (Y/N) Liens/Mortgages</p> <p><input type="checkbox"/> (Y/N) Leased Items</p> <p>_____</p> <p>No. of Employees</p> <p>_____</p> <p>Type of Business</p> <p>_____</p> <p>Year Established</p> <p>_____</p> <p>Hours of Operation</p> <p>_____</p> <p>Years Current Owner in Business</p> <p>_____</p> <p><input type="checkbox"/> (Y/N) Signage Stays</p> <p>• Major Type of Business (4) <input type="checkbox"/> Food & Beverage <input type="checkbox"/> Gas Station <input type="checkbox"/> Grocery <input type="checkbox"/> Hospitality <input type="checkbox"/> Manufacturing <input type="checkbox"/> Retail <input type="checkbox"/> Services <input type="checkbox"/> Wholesale <input type="checkbox"/> See Remarks</p> <p>Licences (4) <input type="checkbox"/> Alcohol <input type="checkbox"/> Gaming <input type="checkbox"/> Professional <input type="checkbox"/> See Remarks</p> <p><input type="checkbox"/> (Y/N) Franchise</p> <p>_____</p> <p>Equipment</p>
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INITIALS:

Seller

Date

Seller

Date

Agent

Date