

# FLEX TEXT FORM



Property No. \_\_\_\_\_ - \_\_\_\_\_

Phone: 972-248-4154 Fax: 972-692-7651

REQUIRED FIELDS

\* Numeric Field

## Property Address

Property Name	
Address	
Suite	
City	
State	
Zip	
County	
Country	

## Primary Contact Information

Company Name	<input type="checkbox"/> Broker
1 <sup>st</sup> Contact Name	<input type="checkbox"/> Broker
Title	<input type="checkbox"/> Broker
2 <sup>nd</sup> Contact Name	<input type="checkbox"/> Broker
Title	
Address	
Suite	
City	
State	
Zip	
County	
Phone	
Fax	
Email Address	
CC Email 1	
CC Email 2	
CC Email 3	

## Property Information

Availability	<input type="checkbox"/> Sell <input type="checkbox"/> Lease <input type="checkbox"/> Sublease <input type="checkbox"/> Sale or Lease
Zoning	
Sale Price*	
Cap Rate*	
Price per sq. ft.*	
Land Area*	
Bldg. Size*	
Office Area sq. ft.*	
No. of Truck Doors*	
Dock Height	<input type="checkbox"/> Yes <input type="checkbox"/> No
Clear Height*	_____ feet
Sprinklers	
Rail Access	<input type="checkbox"/> Yes <input type="checkbox"/> No
Min Term*	
Max Term*	
Min Sq. Ft.*	
Max Sq. Ft.*	
Min. Lease Rate*	
Max. Lease Rate*	
Finish Out	
CAM, Taxes, Ins.	
Year Built*	
Year Renovated*	
Passthroughs	
Occupancy Rate*	

## Additional Contact Information

Company Name	
1 <sup>st</sup> Contact Name	
Title	
2 <sup>nd</sup> Contact Name	
Title	
Address	
Suite	
City	
State	
Zip	
County	
Phone	
Fax	
Email Address	
CC Email 1	
CC Email 2	