

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