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**Commercial Real Estate Sellers Intake 832.216.3780**

Please complete the questionnaire. \* Indicates required field

Top of Form

**About the client:**

|  |  |
| --- | --- |
| Client Name **\*** |  |
| Business Name |  |
| Phone **\*** |  |
| Email **\*** |  |
| Best way to contact |  |
| Best time to call |  |
| Referred by |  |
| Are you working with another agent? | Yes  No  |
| Would you like our firm to represent you in marketing, soliciting buyers and negotiating the sale of the property? | Yes  No  |
| Keep listing confidential? | Yes  No  |
| What are the goals and objectives of the sale? |  |

**About the property:**

|  |  |
| --- | --- |
| What is the property address? |  |
| What is the building size? |  |
| What is the lot size? |  |
| How many parking spaces are available? |  |
| What would be your ideal asking price? |  |
| Is the property currently occupied by the owner or tenants? | Owner  Tenant(s)  |
| If occupied by tenant(s), what type of lease (NNN, gross, modified gross, full service, etc) are in place? |  |
| Are floor plans/layout available? | Yes  No  |
| Who is the ideal buyer? |  |
| How many units are available? |  |
| Is the rent roll available? | Yes  No  |
| Is the sale part of a 1031 Exchange? | Yes  No  |
| What other factors are important in the sale? |  |
| Available space amenities. Check all that applies. | Open Space  Offices First Floor  Higher Floors Kitchen  Conference Room Loading Dock  Drive-in/Rollup Door Security  Storage Space Internet Connection  Phone Highway Access  Freight Access Refrigeration  Fire Sprinklers Water Access  Street Frontage Bathroom  Sinks Hazmat Storage  Delivery Parking American With Disabilities (ADA) Compliance  |
| Ceiling Height |  |
| Forklift Height |  |
| Power/electrical |  |
| Other amenities, please specify |  |