

NEW LISTING CHECKLIST

Property Address: _____

Seller's Name: _____

Mailing Address (If Different): _____

Phone # _____ Work # _____ Work # _____

House

His

Hers

Cell # _____ Cell # _____

His

Hers

Email Addresses: _____

His

Hers

Contract Info:

Begin Date ____/____/____ End Date ____/____/____ Price \$ _____

OPT OUT seller from receiving IQ office Drip Campaign

Completed Forms Included: (X or NA)

_____ Listing Contract	_____ Real Estate Condition Report
_____ History Report	_____ Addendum S
_____ Addendum D	_____ Home Warranty/Virtual Tour Addendum
_____ MLS Profile Sheets	_____ Affiliated Business Disclosure
_____ Seller Services Guarantee	_____ Addendum To Listing Contract
_____ Emailed Photos	_____ Referral Agreement - % or \$ _____
	Paid To: _____

Property Info:

Sign on Property?	Yes	No	Keys At Office?	Yes	No
Name Rider?	Yes	No	Vacant?	Yes	No
IQ Voice Rider?	Yes	No			
Lockbox?	Yes	No	Located:	_____	

Sales Associate: _____

Showing Instructions:

_____ Call Owner At Home _____ Call Owner On Cell _____ Call Owner at Work

Critical Showing Information: _____

MLS Tour Date: _____

Seller Type:

- | | | | |
|--------------------------------------|--|--|---------------------------------------|
| <input type="checkbox"/> Corporation | <input type="checkbox"/> Financial Institution | <input type="checkbox"/> Person/Individual | <input type="checkbox"/> Developer |
| <input type="checkbox"/> Partnership | <input type="checkbox"/> Estate | <input type="checkbox"/> Trust | <input type="checkbox"/> Other: _____ |

Seller Lead:

- Agent Generated Office Generated

Seller Source:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> Walk In | <input type="checkbox"/> Call In | <input type="checkbox"/> Yard Sign | <input type="checkbox"/> Yellow Pages |
| <input type="checkbox"/> Mailing | <input type="checkbox"/> FSBO | <input type="checkbox"/> Cold Calling | <input type="checkbox"/> Expired |
| <input type="checkbox"/> Open House | <input type="checkbox"/> Relative | <input type="checkbox"/> Sphere of Influence | <input type="checkbox"/> TV/Commercial |
| <input type="checkbox"/> Coldwellbanker.com | <input type="checkbox"/> Repeat Client/Customer | <input type="checkbox"/> Print Advertising | <input type="checkbox"/> CBrivervalley.com |
| <input type="checkbox"/> Client Referral | <input type="checkbox"/> Personal Referral | <input type="checkbox"/> Company Referral | <input type="checkbox"/> Personal Website |
| <input type="checkbox"/> Other: _____ | | | |