



BUYER PROFILE

Name: _____ Date: _____

Company (if applicable): _____

Address: _____ City/State/Zip _____

Home Phone: _____ Work Phone: _____ Fax: _____

Email: _____

1. Why do you want to buy a business? _____

2. You plan to operate the business: Full Time: _____ ; Part Time: _____ ; Absentee: _____

3. Who else will be involved in the decision? _____

4. Name of Financial Partner(s): _____

a. Will they be active in the operation of the business? _____

b. Do you have a written agreement? _____

5. Does spouse work outside the home? Doing what? _____

6. What other family members will be active in the business? _____

7. If you found the right business today, how soon can you take over? _____

8. How long have you been looking for a business? _____

Types of Businesses Considered	Sales/Year	Good Points	Bad Points
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

9. Types of businesses in which you are not interested: _____

10. Do you require immediate income? Yes: _____ No: _____ ; Minimum monthly income required _____

11. How much cash do you have for a down payment and working capital? _____

How much of 11 above is liquid? \$ _____ ; When will the rest be available? _____



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12. My Estimated Personal or Business Net Worth: _____

Note: A financial statement will be required of all potential buyers before receiving financial information on any listing, and will be required prior to a meeting with a seller.

13. Present Occupation or Business: _____

14. Experience, Skills, etc. (a resume is helpful): _____

15. May we confidentially post your interests on our web site and contact other brokers to provide viable business opportunities for you? Yes _____ ; No _____

16. Other brokers with whom you are/have worked to avoid duplication of efforts: _____

17. Geographic Parameters: _____

18. Other Comments: _____

Optional: Spouse's Name: _____ ; # Children & Ages: _____

Brokerage: _____ Agent: _____

Phone: _____ ; Fax: _____ ; Email: _____