

BUYER PROFILE

Personal:

Name: _____ Spouse/Partner: _____
 Address/City/State/Zip: _____
 Telephone(s) Cell: _____ Home: _____
 Email: _____

Background:

Current Occupation/Profession: _____
 Previous Experience Summary: _____
 Ideal Time Frame for Business Purchase: _____
 Partners/Additional Decision Makers Involved: _____
 Length of Time Looking: _____ Months.
 Types of Businesses Considered: _____
 Location Preference (metro, north, etc): _____
 How Much Time Will You Dedicate to Operating the Business?
 FT _____ PT _____ Absentee _____
 Will anyone advise you in the review of business records (specify): _____

Financial:

Approximate Total Net Worth: _____
 Cash Available for Down Payment: _____
 Other Available Capital and Type: (Home Equity/ Investments/ Etc): _____

Which of the following types of businesses interest you?

Manufacturing	Distribution	Technology	High Tech
Retail: _____	Food: _____	Automotive	Biz 2 Biz Svc
Residential svc	Existing franchises	Start up franchises	Home based
Absentee ownership	Cash business	Turn around	Relocatable
Other (specify type): _____			

The undersigned certifies that this information was provided by him/her and is true and correct.

Signature: _____ **Date:** _____

Signature: _____ **Date:** _____