

Buyer Acquisition Criteria

Contact Information	Date: _____
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Name: _____ Business Name _____
 Home Address: _____ City: _____ State: _____ Zip: _____
 Phone Business () _____ Phone Home () _____ Fax () _____

Background Information

Education: _____

	College(s)	Degree(s)	
Business Experience:	Sales	Manufacturing	Accounting
	Engineering	Finance	Service
	Marketing	Distribution	Operations
			Other _____

Industries: _____

Positions: _____

Present Employer: _____

Position: _____ Salary: _____

Address: _____ City: _____ State: _____ Zip: _____

Do you own any businesses presently? Yes No If yes, what type of business(s) _____
 _____ Approximate total annual revenue(s):\$ _____

If no, is this your first acquisition for your own portfolio? Yes No

Are you interested in acquiring less than 100% ownership? Yes No

Will you be an: Active Manager Passive Investor

How long have you been seeking an acquisition? _____ How soon is acquisition desired? _____

Purpose for acquiring: _____

Are you the sole buyer/investor? Yes No If no, how many others? _____

Please provide information and resumes for all investors.

Name: _____ Name: _____

Address: _____ Address: _____

City: _____ City: _____

Phone:() _____ Phone:() _____

Active Manager Passive Investor Active Manager Passive Investor

Financial Information

Combined Net Worth of all investors:\$ _____ Amount of investment equity available:\$ _____

List and describe all cash sources: _____

Balance Sheet (current as of: _____)

ASSETS:

Cash \$ _____

Securities \$ _____

CDs/Treasury Notes \$ _____

Real Estate \$ _____

IRA, 401K \$ _____

Other \$ _____

Total Assets \$ _____

LIABILITIES:

Notes Payable \$ _____ Bank Line of Credit

Accounts Payable \$ _____ availability

Mortgages \$ _____ \$ _____

Other Loans \$ _____

Other Liabilities \$ _____

Total Liabilities: \$ _____

Net Worth \$ _____

Financial References

Financial Institution: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact Person: _____ Title: _____ Phone() _____

Lending Source: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact Person: _____ Title: _____ Phone:() _____

I certify that the above information is complete and accurate as of the date of this document and I authorize you to verify such information through reference and credit checks.

Signature: X _____ Date: _____

Acquisition Criteria

Description of Business(es) Sought: _____

Geographic Preference Regions: _____ States: _____

Cities: _____

Revenue Range: \$ _____ to \$ _____ million Transaction Value: \$ _____ to _____

Minimum Pre-Tax: \$ _____ Minimum Cash Flow: \$ _____

Some of our businesses are actively operated by their current owners who would have to be replaced. Are you interested in a full-time operator type business? Yes No