

ABI Business Sales
CONFIDENTIAL Buyer Profile

ATTN: Russ Cowley, CBI
Fax: (925) 838-8150
Email: russ@abi-ma.com

PROFILE FOR: _____ Email: _____
Please Print Name

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

Home Phone: _____ Work Phone: _____

Fax: _____ Cell Phone: _____

How did you hear about us? _____ If Internet, which website? _____

We may share the following confidential facts about you with Owner the prior to releasing any information about their business

BACKGROUND INFORMATION:

Are you currently employed? _____ If so, in what industry and what position? _____

Please give a brief description of your responsibilities: (Plan to prepare and submit a formal resume for consideration)

Please list the industries in which you have worked and the positions you have held:

Does your spouse work? _____ Full time? _____ Industry and Position? _____

Do you own or have you ever owned your own business? _____ If Yes, what type? _____

Education: _____ Other Special Education or Training? _____

Why are you looking for a business? _____

What is your timeframe to purchase? _____ How long have you been looking? _____

Would you work in the business ___ Full-time ___ Part-time

Place a check mark beside each business category that interests you:

- | | |
|--|---|
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Any Business that can be relocated |
| <input type="checkbox"/> Distribution | <input type="checkbox"/> Retail |
| <input type="checkbox"/> Computer/Hi-Tech/Sciences | <input type="checkbox"/> Services: postal, copy centers, tax prep, etc. |
| <input type="checkbox"/> Absentee Ownership | <input type="checkbox"/> Restaurant/Fast Food |
| <input type="checkbox"/> Turnaround Situations | <input type="checkbox"/> Gas Stations/Mini Marts/Car Washes |
| <input type="checkbox"/> New or Existing Successful Franchises | <input type="checkbox"/> Dry Cleaning |
| <input type="checkbox"/> Any Business which receives cash payments | <input type="checkbox"/> Home Based Business |

List 3 things that are important to you about any business that you might consider buying:

1. _____
2. _____
3. _____

Geographic Location Desired: _____

How far from your home are you willing to drive one-way to the business you will buy? _____

If you reside outside of the Bay Area and have inquired about a business based there, what are your relocation plans and timeframe? _____

Additional information that you think may help us locate a desirable business opportunity for you:

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FINANCIAL INFORMATION: _____ (Please attach prepared financial statement, if available)
Please Print Name

What is your current annual income? \$ _____
What are your income expectations the first year of owning your own business? \$ _____
Have you ever filed bankruptcy? _____ Had a foreclosure? _____ Had a judgment filed against you? _____
Is there any reason you might be declined a loan for a business acquisition? _____
Will anyone advise you in a review of business records and the decision to purchase any business? Yes / No
Who? _____
What is the down payment amount and the source of funds that you **are prepared to substantiate** at the time
of making an offer? \$ _____ Source: _____
Do you have a financial partner or any other personal source of investment capital? ___ Yes ___ No
If Yes, please explain: _____
Do you have additional income sources: ___ Yes ___ No
If Yes, please explain: _____

Prior to releasing any information, this section must be completed.

NET WORTH:

ASSETS

Cash in checking accounts \$ _____
Cash in savings accounts \$ _____
Stocks and bonds \$ _____
IRA's, retirement plans, 401K's \$ _____
Cash surrender of life insurance \$ _____
Real Estate, Home \$ _____
Real Estate, Other \$ _____
Automobile(s) \$ _____
Your own business \$ _____
Appraised collectibles \$ _____
Money due you \$ _____
Other Assets (describe): \$ _____

LIABILITIES

Notes payable to banks \$ _____
Notes payable to finance Co's \$ _____
Real Estate indebtedness \$ _____
Automobile(s) indebtedness \$ _____
Owing on life insurance \$ _____
Charge accounts \$ _____
Credit Cards \$ _____
Taxes Payable \$ _____
Other Liabilities (describe): \$ _____

Total Assets: \$ _____

Total Liabilities: \$ _____

NET WORTH (total assets minus total liabilities): \$ _____

TOTAL INVESTMENT AMOUNT: \$ _____

I certify that the above information is true and correct and acknowledge receipt of a copy of this profile.

Signature

Date