



Tel: (805) 370-5210 Fax: (805) 370-5209 www.keystonebusinessbrokers.com

**BUYER'S PERSONAL PROFILE \* CONFIDENTIAL INFORMATION**

WE PROVIDE EACH SELLER THE FOLLOWING CONFIDENTIAL FACTS ABOUT YOU PRIOR TO RELEASING ANY INFORMATION ABOUT THEIR BUSINESS.

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Company (if applicable): \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home #: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_  
Fax: \_\_\_\_\_ Email: \_\_\_\_\_  
Present Occupation or Business: \_\_\_\_\_  
Background, Experience, Skills: \_\_\_\_\_

You will operate the business: Full time \_\_\_\_\_ Part time \_\_\_\_\_ Absentee \_\_\_\_\_ With Partner \_\_\_\_\_ With Family \_\_\_\_\_

**TYPE OF BUSINESS PREFERENCE:**

1. \_\_\_\_\_ 2. \_\_\_\_\_  
3. \_\_\_\_\_ 4. \_\_\_\_\_

**LOCATION PREFERENCE:**

1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_

How much cash is available for a down payment and working capital? \$ \_\_\_\_\_

Do you have financial partners providing these funds? Yes \_\_\_\_\_ No \_\_\_\_\_

Name of financial partners (if applicable): \_\_\_\_\_

When do you want to take possession? \_\_\_\_\_

What is your personal or business estimated Net Worth? \_\_\_\_\_

Who besides yourself will be involved in the decision? \_\_\_\_\_

Must this business generate immediate income? Yes \_\_\_\_\_ No \_\_\_\_\_

What is the minimum monthly income you require? \$ \_\_\_\_\_

Would you be interested in a franchise business? Yes \_\_\_\_\_ No \_\_\_\_\_

What other business brokers **in our office** are you currently working with or you have worked with in the past year?

Remarks or special needs:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Buyer Signature \_\_\_\_\_ Date: \_\_\_\_\_

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

**Please Fax to: 805-370-5209**

**Phone: 805-370-5210**