



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

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