

Alpharetta, GA 30005

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

Name:			Date:	
Company (if applicable): _				
Address:				
City:	State:		Zip:	
Home #:	Cell:		Work:	
Present Occupation or Bus	iness:			
Background, Experience, S	Skills:			
You will operate the business: Fu			With PartnerWith Fam	<del></del>
TYPE OF BUSINESS PREFEREN		2		
1				
3. LOCATION PREFERENCE:		_ 4		
2				
3				
How much cash is available for a	down payment and working	g capital? \$		
When will it be available?				
Do you have financial partners pr If yes, do you have a written agr		Yes Yes	No	
Name of financial partners (if app	olicable):			
When do you want to take posse	ssion?			
What is your personal or busines	s estimated Net Worth?			
Who besides yourself will be invo	lved in the decision?			
Must this business generate imm	ediate income?	Yes	_ No	
What is the minimum monthly in	come you require? \$			<del></del>
What other business brokers are	you currently working with	or you have w	orked with in the past year?	
Remarks or special needs:				<del></del>
			ITES that I SUBSCRIBE TO? YES business opportunities for you.	NO
A CONFIDENTIALITY AGREEMEN	Γ AND PERSONAL OR BUSII	NESS FINANCIA	AL STATEMENT WILL BE REQUIRED INFORMATION ON ANY LISTING.	OF ALL POTENTIA
Buyer Signature		Date	:	

Please Fax to: 770-667-4921 Phone: 770-667-2475