

BUYER PROFILE

Date: _____ Associate: Ron Woolworth/Marcie Woolworth

Name: _____

Address: _____

City/State/Zip: _____

Phone: (O) _____ (H) _____

Fax: _____

Email: _____

BUYER CRITERIA

What is motivating you to buy? _____

Previous business and/or occupation: _____

Do you have acquaintances who own businesses? 3 years or longer?

Location preferences: _____

Who will assist you in business operation: family, partner? _____

Type of business preference (other than business called on):

- | | |
|---------------------|--------------|
| Retail | Markets |
| Fast Food | Taverns |
| Restaurants | Service |
| Cleaning Operations | Misc. Food |
| New Franchise | Other: _____ |

Time to devote to business (Hr/Day Constraints): _____

Minimum monthly cash flow required: _____

KEY QUESTIONS

Money: How much is set aside for down payment? _____

Is it easily accessible? _____

When do you want to take possession of a business? _____

Who, besides you, will make the decision to buy? _____

OTHER COMMENTS: