

**BUYER'S PERSONAL PROFILE AND FINANCIAL STATEMENT**  
**STRICTLY CONFIDENTIAL**

This statement is required in addition to the Confidentiality Agreement. No Confidential Information will be released on the business until the sections below are completed and signed.  
***Please fax to: 610-706-0189***

Inquiring on Listing Number or Description: \_\_\_\_\_  
Name: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Tel. (day): \_\_\_\_\_ Tel. (eve): \_\_\_\_\_ Tel. (cell): \_\_\_\_\_ Fax: \_\_\_\_\_  
e-mail: \_\_\_\_\_

Present Occupation or Business: \_\_\_\_\_  
Describe your position, duties, etc.: \_\_\_\_\_  
Personal Strengths: \_\_\_\_\_ Weaknesses: \_\_\_\_\_

TYPE OF BUSINESS PREFERENCE - (preferred SIC or NAIC Code):

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

TYPES OF BUSINESS YOU WOULD NOT CONSIDER:

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

Min monthly income required: \$ \_\_\_\_\_ Cash avail/down payment: \$ \_\_\_\_\_ When will it be available: \_\_\_\_\_

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

Do you require immediate income? \_\_\_\_\_ Yes \_\_\_\_\_ No

Would you like information on our excellent franchise opportunities? \_\_\_\_\_ Yes \_\_\_\_\_ No

	<u>Partner #1</u>		<u>Partner #2</u>
TOTAL ASSETS	\$ _____	TOTAL ASSETS	\$ _____
LIQUID ASSETS	\$ _____	LIQUID ASSETS	\$ _____
TOTAL LIABILITIES	\$ _____	TOTAL LIABILITIES	\$ _____
NET WORTH	\$ _____	NET WORTH	\$ _____

HAVE YOU HAD ANY PREVIOUS CONTACT WITH ANYONE \_\_\_\_\_ Yes \_\_\_\_\_ No  
IN OUR COMPANY BEFORE?

IF SO, NAME OF THE PERSON YOU HAD CONTACT WITH: \_\_\_\_\_ Yes LAST CONTACT DATE: \_\_\_\_\_

The undersigned certifies that this information was provided by him/her and is true and correct.

Name (#1) : \_\_\_\_\_ Name (#2): \_\_\_\_\_  
(Sign) (Sign)

Date: \_\_\_\_\_ Date: \_\_\_\_\_