



BUYER PROFILE

Personal:

Name: _____ Spouse/Partner: _____

Address/City/State/Zip: _____

Telephone(s) Cell: _____ Home: _____

Email: _____

Background:

Current Occupation/Profession: _____

Previous Experience Summary: _____

Ideal Time Frame for Business Purchase: _____

Partners/Additional Decision Makers Involved: _____

Length of Time Looking: _____ Months.

Types of Businesses Considered: _____

Location Preference (metro, north, etc): _____

How Much Time Will You Dedicate to Operating the Business?

FT _____ PT _____ Absentee _____

Will anyone advise you in the review of business records (specify): _____

Financial:

Approximate Total Net Worth: _____

Cash Available for Down Payment: _____

Other Available Capital and Type: (Home Equity/ Investments/ Etc): _____

Which of the following types of businesses interest you?

Manufacturing

Distribution

Technology

High Tech

Retail: _____

Food: _____

Automotive

Biz 2 Biz Svc



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- | | | | | | | |
|--------------------------|-----------------------------|--------------------------|-------------------------------|--------------------------|-------------|--------------------------|
| <input type="checkbox"/> | Residential svc | <input type="checkbox"/> | Existing franchises | <input type="checkbox"/> | Start up | <input type="checkbox"/> |
| <input type="checkbox"/> | franchises | <input type="checkbox"/> | Home based Absentee ownership | <input type="checkbox"/> | Cash | <input type="checkbox"/> |
| | business | | Turn around | | Relocatable | |
| <input type="checkbox"/> | Other (specify type): _____ | | | | | |
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The undersigned certifies that this information was provided by him/her and is true and correct.

Signature: _____ Date: _____

Signature: _____ Date: _____