

BUYER ACQUISITION CRITERIA FORM

Printed Name

Company

Our comprehensive data processing capabilities can only work for you if you complete this form. It is necessary that your responses be complete and accurate so that we may locate the specific business opportunity that best meets your requirements.

I. TYPE OF BUSINESS

_____ Energy-Related	_____ Wholesale Distribution	_____ Grocery/C-Stores
_____ Medical/Health Related	_____ Professional Service	_____ Income Property
_____ Agricultural Related	_____ Personal & Repair Svc.	_____ Construction
_____ Manufacturing	_____ Transportation	_____ Restaurants
_____ Retail Stores	_____ High Tech Industries	

Please indicate any specific type business desired (i.e., tire store, food manufacturer):

II. LOCATION - Anywhere? Yes / No

(Be specific. Please circle state or region in which business is desired to be located. If you wish specific areas of a state or a particular city, please indicate on the lines below.)

REGION

0 - NJ MA CT ME NH RI VT
1 - NY PA DE
2 - NC VA MD SC WV DC
3 - FL GA TN AL MS
4 - OH MI IN KY

REGION

5 - WI MN IA MT ND SD
6 - IL MO KS NE
7 - TX LA OK AR
8 - CO AZ NM UT ID NV WY
9 - CA WA OR HI AK

Specify location: _____

III. FINANCIAL CONDITION OF BUSINESS

Minimum Gross Sales desired \$ _____

Minimum Cash Flow desired \$ _____

Maximum Price desired \$ _____

IV. INVESTMENT REQUIREMENTS

Cash Available/Down Payment \$ _____

Net Worth - Personal \$ _____ Corporate \$ _____

Are you a principal? _____ Yes _____ No If not, who is? _____

Do you plan to be an absentee owner? _____ Yes _____ No

The above reflects, to the best of my knowledge, my current acquisition criteria and financial status.

Date

Signature of prospective buyer/investor