



BAY
BUSINESS
BROKERS

CONFIDENTIAL PURCHASER PROFILE

Individual Purchaser

As a prospective purchaser of a business, you may be receiving detailed and proprietary financial information, including business income tax returns. Prior to receiving additional information, Bay Business Brokers and its clients require that you sign a confidentiality agreement and indicate your financial capabilities. This information remains confidential within our offices. Please fax this signed and completed document to 703.935.4764 or mail to Bay Business Brokers 11876 Sunrise Valley Drive Reston Virginia 20191.

Today's Date: _____

Name: _____

Spouse/Partner: _____

Phone (home): _____ Phone (cell): _____

Phone (business): _____ Fax: _____

Email: _____ private? Yes No

Mailing Address: _____

Are you a United States Citizen? Yes No

Have you ever owned a business before? Yes No

If yes, type of business: _____

Prior business experience/education: _____

What type of business would interest you? A. _____

B. _____

C. _____

Preferred Geographic Location: _____

Desired Date to take possession: _____

How did you first hear of Bay Business Brokers? _____

Bay Business Brokers
11876 Sunrise Valley Drive
Reston VA 20191
703.476.3996 FAX: 703.935.4764

Listing No.1386

Source: _____

FINANCIAL INFORMATION

What is the MAXIMUM amount you have allocated for a DOWN PAYMENT? \$ _____

Source of DOWN PAYMENT? _____

Is down payment available today? Yes No If not, when would it be available? _____

Are additional sources of financing in place? Yes No

If yes, please describe: _____

ASSETS		Sources of Income (per year)	
Cash (on hand & in bank)	\$	Salary from present employment	\$
US Govt Securities		Dividends and Interest	
Loans, Notes, Accts (what people owe <i>you</i>)		Bonus and Commissions	
Cash Surrender Value of Life Insurance (not death benefit)		Real Estate Income (such as rental income)	
Value of businesses currently owned		Other Income – please give details	
Other stocks and bonds			
Real Estate (fair market value)			
Vehicle owned (number <input type="checkbox"/>)			
Household furnishings/personal effects		TOTAL INCOME PER YEAR	\$
Other Assets			
TOTAL ASSETS	\$	Have you ever filed for bankruptcy? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, when? _____ Describe the circumstances: _____ _____ _____ What type? Chapter 7 <input type="checkbox"/> Chapter 11 <input type="checkbox"/> Credit Reporting Score (if known) _____ Other credit issues? _____ _____	
LIABILITIES			
Liens on Real Estate (amount you still owe)	\$		
Notes Payable (amount you owe other than real estate loans)			
Other Liabilities (please itemize: Credit card debt. R.E. taxes, etc)			
TOTAL LIABILITIES	\$		
Total Assets minus Total Liabilities equals Net Worth →	\$		

The Undersigned hereby acknowledges and certifies that the information provided is true and correct to the best of his/her knowledge.

Signature: _____

Signature: _____

Date: _____

Date: _____

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