

Contact Information

Contact Name _____

Office Phone _____

Company _____

Home Phone _____

Mailing Address _____

Cell Phone _____

City _____ State _____ Zip _____

Fax _____

E-mail _____

Web Site _____

Targeted Industries

- Agriculture
 Recreation/Entertainment
 Construction
 Petroleum
 Hospitality
 Manufacturing
 Wholesale/Distribution
 Retail
 Services
 Other: _____

Describe specific acquisition and/or investment criteria: _____

Financial Parameters

	Annual Sales		Annual Earnings	
Minimum	\$		Minimum	\$
Maximum	\$		Maximum	\$

Management Preference

- Will replace top management
 Top management should remain

Geographic Preference

Background Information (Please attach your resume)

Education & career focus _____

Current employment _____

Have you ever owned your own business? Yes (answer below) No (skip to Financial Information)

Name/type: _____ Number of years owned: _____

Annual sales: \$ _____ Annual earnings: \$ _____ Number of employees: _____

Disposition of business? _____

Financial Information (Must be completed to obtain seller information)

	Assets		Liabilities
Cash	\$	Notes Payable	\$
Real Estate	\$	Mortgages	\$
Securities / CD's	\$	Other Loans	\$
Retirement Funds	\$	Other Liabilities	\$
Other Assets	\$	Total Liabilities	\$
Total Assets	\$	Net Worth	\$

Total current annual compensation: \$ _____

Amount available for down payment: \$ _____

Total targeted investment: \$ _____

Investor / Partner Information

How many investors / partners are in the acquiring group? (if any) _____ List additional investors / partners below:

Investor / Partner # 2 Active Passive

Investor / Partner # 3 Active Passive

Name

Name

Mailing Address

Mailing Address

City State Zip

City State Zip

Phone

Phone

How did you hear about CornerStone Business Services?

Newspaper Ad Yellow Pages Referral _____

Internet Mail Other _____

I, the undersigned, attest that the information given above is accurate and truthful.

Signature

Date