



BANKERS ADVOCATE GROUP LLC

SUCCESSFUL STRATEGIES FOR ENTREPRENEURS TO ENTER & EXIT BUSINESSES OWNERSHIP...

CONFIDENTIAL PROFILE for ENTERING BUSINESS OWNERSHIP

Complete this for us to present you businesses that meet your goals, ambitions and financial capability.

Name: _____ Home Address: _____

City: _____ State: _____ Zip: _____ Home Phone(s): _____

Company Name: _____ Address: _____

Office Phone(s): _____ Fax: _____ Mobile: _____ E-mail: _____

Your Occupation/Profession: _____

Present/Past Employer(s): _____

Job Description(s): _____

Unique Skills and/or Professional Certifications/Licenses: _____

Education: _____

Hobbies that could lead to business involvement: _____

Do you have a Resume? Yes No, if so, will you please fax it to 561-882-1334? Yes No, Thanks!

Do you have a current Financial Statement? Yes No, if so, will you please fax it? Yes No

Reasons for wanting your own business: _____

Who else will participate with you in this purchase? _____

How long have you been looking for a business to purchase? _____

Have you terminated present employment? Yes No Did you own the business? Yes No What

businesses have you owned? _____ Are you

currently seeking other employment? Yes No Are you working with other brokers? Yes No

Your ideal timing for purchasing a business: _____

Please indicate Type(s) of Businesses You Would Consider:

Energy Related Medical/Health Related Agricultural Manufacturing Distribution

Wholesale Retail Professional Services Personnel Services Repair Services Transport

Construction Hi-Tech Export/Import Restaurants Franchise Opportunities Mail

Order Groc/Conv Stores Service Station Auto Repair Income Producing Real Estate

Other: _____ Please Indicate Type(s) You Would NOT Consider: _____

Financial Requirements of Businesses You Would Consider:

Gross Sales: \$ _____ (min) to \$ _____ (max); Net Cash Flow: \$ _____ (min) to \$ _____ (max) Price:

\$ _____ (min) to \$ _____ (max); Other Requirements: _____

Your Investment Capabilities:

I could invest up to \$ _____ cash & \$ _____ other resources & still have \$ _____ for working capital.

Source and timing availability of cash investment: _____

Source and timing availability of other resources & borrowing capabilities: _____

Source and timing availability of working capital: _____

My family needs a minimum of \$ _____ pre-tax monthly or annual income to meet living expenses.

I own, lease my residence which has an equity value of: \$ _____. Other investment equity: \$ _____

Would you consider an out-of-state business purchase? Yes No, if so, which state(s)? _____

The above reflects, to the best of my knowledge my current financial requirements and capabilities. I hereby give Bankers Advocate Group LLC and its assignees the authority to investigate my credit and background.

Signature: _____ SSN: #: _____

Date: ___/___/___ Drivers License #: _____ State: _____

Please mail or fax this form to the following address:

SALES, MERGERS & ACQUISITIONS CONSULTANTS WITH AFFILIATE OFFICES NATIONWIDE...

PO Box 9228 • Jupiter, FL 33468

(561) 882-1331 • (561) 882-1334 Facsimile

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