Buyer Acquisition Criteria

| Contact Informa | tion | | Date: | | | |
|--|---------------------|-----------------------|----------------------|-----------|------------------|--|
| Name: | | Busin | ess Name | | | |
| Home Address: | City: | | | | | |
| | | Phone Home (| | | | |
| Background Info | rmation | | | | | |
| Education: | | | | | | |
| | College(s) | | Degree(s) | | | |
| Business Experience: | Sales | Manufacturing | Accounting | Retail | | |
| | Engineering | Finance | Service | | | |
| | Marketing | Distribution | Operations | Other | | |
| Industries: | | | | | | |
| Positions: | | | | | | |
| Present Employer: | | | | | | |
| Position: | | | Salary: | | | |
| Address: | | City: | | State: | Zip: | |
| Do you own any busin | nesses presently? | Yes No If yes | t, what type of busi | iness(s) | | |
| · | | Approximate | e total annual reven | nue(s):\$ | | |
| If no, is this your first | acquisition for y | our own portfolio? | Yes | No | | |
| Are you interested in acquiring less than 100% ownership? | | | Yes | No | | |
| Will you be an: | Activ | ve Manager | Passive Inves | stor | | |
| How long have you been seeking an acquisition?How soon is acquisition desired? | | | | | | |
| Purpose for acquiring | · | | | | | |
| Are you the sole buye | er/investor? | Yes No If no | o, how many others | s? | | |
| Please provide inform | nation and resume | es for all investors. | | | | |
| Name: | | | Name: | | | |
| Address: | | | | | | |
| City: | | | | | | |
| Phone:() | | | - | | | |
| Active Manage | er Passive Investor | | Active Manager | | Passive Investor | |

| Financial Information | | | | | | | | |
|---|--------------|-----------------------|--------------|---------------------|--|--|--|--|
| Combined Net Worth of all investors:\$Amount of investment equity available:\$ | | | | | | | | |
| List and describe all cas | h sources: | | | | | | | |
| Balance Sheet (current a | as of: |) | | | | | | |
| ASSETS: | | LIABILITIES: | | | | | | |
| Cash | \$ | Notes Payable | \$ | Bank Line of Credit | | | | |
| Securities | \$ | Accounts Payable | \$ | availability | | | | |
| CDs/Treasury Notes | \$ | Mortgages | \$ | \$ | | | | |
| Real Estate | \$ | Other Loans | \$ | | | | | |
| IRA, 401K | \$ | Other Liabilities | \$ | | | | | |
| Other | \$ | Total Liabilities: | \$ | | | | | |
| Total Assets | \$ | Net Worth | \$ | | | | | |
| | | | | | | | | |
| Financial References | | | | | | | | |
| Financial Institution: | | | | | | | | |
| Address: | | | | | | | | |
| | | | Zip: | | | | | |
| - | | | Phone() | | | | | |
| | | | | | | | | |
| Address: | | | | | | | | |
| | | | Zip: | | | | | |
| - | | | Phone:() | | | | | |
| I certify that the above information is complete and accurate as of the date of this document and I authorize you to verify | | | | | | | | |
| such information through reference and credit checks. | | | | | | | | |
| Signature: X | | | Date: | | | | | |
| | | | | | | | | |
| Acquisition Criteri | ia | | | | | | | |
| Description of Business | (es) Sought: | | | | | | | |
| Geographic Preference | Regions: | States: | | | | | | |
| Cities: | | | | | | | | |
| _ | | | on Value: \$ | | | | | |
| Minimum Pre-Tax: \$ | | Minimum Cash Flow: \$ | | | | | | |
| Some of our businesses are actively operated by their current owners who would have to be replaced. Are you interested | | | | | | | | |
| in a full-time operator type business? Yes No Are you willing to relocate? Yes No | | | | | | | | |
| aa:contact | | | | | | | | |