



BUYER REGISTRATION

Name: _____

Spouse: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone (Day): _____ (Evening): _____ Email: _____

FINANCIAL

1. Amount Available to Invest: _____

2. Other Sources: _____

3. Minimum Monthly Income Requirement: _____

4. Anticipated Possession Date: _____

5. Size of Family: _____

6. Spouse Involvement: _____

7. How Long Have You Been Looking: _____

8. Ability to Act Quickly: Yes No

BACKGROUND

9. Previous Business Ownership: _____

10. Type of Business Preferred: _____

11. Previous Employment: _____

12. Business Objectives: _____

13. Education & Professional Designations: _____

14. Business Previously Considered: _____

15. Do You Possess Any of the Following Skills?

Mechanical Finance Sales Administration Other: _____

16. Will You Consider any of the Following?

Retail Food and/or Beverage Franchise Dry Cleaning/Laundry
 Services Liquor Other: _____

17. What Locations or Areas Will You Consider?

