



Confidential Buyer Profile

NAME: Last _____, First _____ Initial _____

ADDRESS: Street _____ City _____
State _____ Zip Code _____

PHONE: Home _____ Business _____ Company _____

Job Description or title _____

Marital Status _____ Number of Dependents _____ Years in Area _____

Spouse's Name _____ Occupation _____

BUSINESS AND PERSONAL BACKGROUND:

Managed a business before? Yes No

Owned a business before? Yes No

Business _____ No. of Yrs. _____ When _____

Business _____ No. of Yrs. _____ When _____

Business _____ No. of Yrs. _____ When _____

Special Skills and/or training _____

Education _____

Hobbies _____

PURCHASING INTERESTS: (Select all that apply)

<u>OPERATION</u>	<u>CLASS OF BUSINESS</u>	<u>LOCATION</u>	<u>TIME FRAME</u>
<input type="checkbox"/> absentee	<input type="checkbox"/> contractor	<input type="checkbox"/> Bryan	<input type="checkbox"/> within 1 month
<input type="checkbox"/> corporation	<input type="checkbox"/> dealership	<input type="checkbox"/> College Station	<input type="checkbox"/> 1-3 months
<input type="checkbox"/> investment	<input type="checkbox"/> manufacturing	<input type="checkbox"/> Brazos County	<input type="checkbox"/> 3-6 months
<input type="checkbox"/> tax shelter	<input type="checkbox"/> retail	<input type="checkbox"/> Within ___mi. of B/C	<input type="checkbox"/> over 6 months
<input type="checkbox"/> partnership	<input type="checkbox"/> service	<input type="checkbox"/> Other _____	
<input type="checkbox"/> sole prop.	<input type="checkbox"/> wholesale		
<input type="checkbox"/> _____	<input type="checkbox"/> _____		

Further describe the business sought _____

Time available to dedicate for business operation: _____

Will other family members participate in the business? Yes No

Define how: _____



CHR Group

Financial Statement Strictly Confidential

Name _____

Street Address _____

City _____ State _____ Zip Code _____

Assets _____

Cash On Hand and in Banks _____ \$ _____

Value of Businesses Owned _____

Other Stocks and Bonds _____

Real Estate _____

Other Assets (Itemize) _____

TOTAL ASSETS \$

Liabilities _____

Notes Payable – Mortgage _____

TOTAL LIABILITIES \$

NET WORTH \$

Source Of Income _____

Annual Income _____ Husband _____ Wife _____ \$ _____

Dividends and Interest _____

Real Estate Income _____

Other Income _____

TOTAL INCOME \$

The undersigned certifies that this information was provided by him and is true and correct.

Date: _____

Signature: X _____ Phones/Fax _____