

PROFILE: CLIENT ENTERING BUSINESS OWNERSHIP

Please complete the following profile to enable Arlington Scott Consulting to present businesses which meet your goals, ambitions and financial capability.

Confidential Personal Information

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, and will you please fax it to: 719-846-1021: ___ Yes ___ No, Thanks!

Do you have a current Financial Statement: ___ Yes ___ No, and will you please fax it: ___ Yes ___ No, Thanks!

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 involved: ___ 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 ___ Transportation ___ Construction

___ Hi-Tech ___ Export/Import ___ Restaurants ___ Franchise Opportunities ___ Mail Order ___ Gro./Conven. 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: \$ _____ (minimum) to \$ _____ (maximum); Net Cash Flow: \$ _____ (min.) to \$ _____ (max.)

Price: \$ _____ (minimum) to \$ _____ (maximum); 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: \$ _____

The above reflects, to the best of my knowledge my current financial requirements and capabilities & I hereby give ABC the authority to do a credit check. Drivers License # _____ State: _____

Signature: _____ S. S. #: _____ Date: ___ / ___ / ___

Would you consider an out-of-state business purchase: ___ Yes ___ No, which state(s): _____. On the reverse side you will find a map of the state of Colorado. Will you please circle the map grid numbers which best represent the geographical areas in which you would consider entering business ownership...THANK YOU! Please mail or fax both sides of this form, along with your resume and current financial statement, to the following:

Arlington Scott Consulting ®

