NM Biz Sells, LLC
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BUYER PROFILE

In order to identify your wants and better serve your needs, Brio Brokers Group evaluates all prospective buyers. Please complete this form and return it to the email address listed above. Your information will be held in the strictest confidence and there is no obligation to purchase a business.

PERSONAL

Name: _____ Spouses Name: _____
Last First Init.
Address: _____

City: _____ State: _____ Zip: _____ Home Phone: _____

Cell Phone : _____ E-Mail: _____

Marital Status: ____Married _____Single _____Divorced

Type of Business Preferred (in order of preference):

1. _____
2. _____
3. _____

Location Preference (County/City in order of preference):

1. _____
2. _____
3. _____

Will you consider a franchise? Y N If yes, what type of franchises do you prefer? _____
When do you plan to buy a business? _____ Are you relocating for a business purchase? Y N
Are there any issues preventing you from buying a business now? _____

BACKGROUND

Education Level: _____High School _____College _____Graduate Degree Major: _____
Have you owned a business? Y N What type?: _____
Are you currently employed? Y N Current Income: $ _____
Present Occupation/Business: _____

_____

Previous Occupation/Business: _____

_____

Who, besides yourself, is involved in this decision? _____

FINANCIAL

Amount set aside for down payment: $_____ **When will this amount be available? _____**
Source of down payment funds: ____ Savings ____401K _____Other Retirement Funds _____Home Equity Loan _____ Other
Minimum "Owner Benefit" or Cash Flow you require: $_____ Have you been qualified for an SBA loan? Y N

ASSETS	AMOUNT	LIABILITIES & NET WORTH	AMOUNT
Cash on hand in banks		Accounts Payable	
Savings Accounts		Notes payable to banks and others	
IRA or other Retirement Account		Installment Account (Auto)	
Accounts & Notes Receivable		Installment Account (Other)	
Stocks & Bonds		Mortgage on Real Estate	
Real Estate, homestead		Loan(s) Against Life Insurance	
Real Estate, Other		Unpaid Taxes	
Automobiles		Other liabilities - itemize	
Cash Surrender Value -- Life Insurance			
Personal Property			
Other Assets			
TOTAL ASSETS		**TOTAL LIABILITIES**	
		NET WORTH (Assets - Liabilities)	

I, the undersigned, represent that all information provided herein is true and accurate to the best of my knowledge.

Buyer's Signature: _____ Date: _____