

Financial Information

Combined Net Worth of all investors:\$_____Amount of investment equity available:\$_____

List and describe all cash sources:_____

Balance Sheet (current as of:_____)

ASSETS:

Cash \$_____

Securities \$_____

CDs/Treasury Notes \$_____

Real Estate \$_____

IRA, 401K \$_____

Other \$_____

Total Assets \$_____

LIABILITIES:

Notes Payable \$_____

Accounts Payable \$_____

Mortgages \$_____

Other Loans \$_____

Other Liabilities \$_____

Total Liabilities: \$_____

Net Worth \$_____

Bank Line of Credit
availability

\$_____

Financial References

Financial Institution:_____

Address:_____

City: _____ State: _____ Zip: _____

Contact Person: _____ Title: _____ Phone() _____

Lending Source:_____

Address:_____

City: _____ State: _____ Zip: _____

Contact Person: _____ Title: _____ 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 Criteria

Description of Business(es) Sought:_____

Geographic Preference Regions: _____ States: _____

Cities: _____

Revenue Range: \$ _____ to \$ _____ million Transaction Value: \$ _____ to _____

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

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