



CONFIDENTIAL BUYER PROFILE

Buyer Name _____ Spouse/Partner Name _____

Buyer Address _____

Preferred Contact Means: Phone: _____ Cell Phone: _____

Email: _____ Mailing Address: _____

If you live out of state, will you relocate to South Carolina? (circle one) Yes or No

What is prompting you to purchase a business in South Carolina? _____

If yes, prior to purchasing business or after purchase closing? (circle one) Prior or After

What do you do now? _____

Have you ever owned a business? Yes or No. If yes, what type? _____

Why do you want to own your own business? _____

What are your strengths relative to owning/operating a business? _____

What are your weak points? _____

Who will be your business advisors? _____

What of the following types of businesses would you consider owning?

- | | | |
|---|---|--|
| <input type="checkbox"/> Construction (Commercial) | <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Laundry/Dry Cleaner |
| <input type="checkbox"/> Construction (Residential) | <input type="checkbox"/> Construction Related | <input type="checkbox"/> Urgent Care |
| <input type="checkbox"/> Cabinet Manufacturing/Distribution | <input type="checkbox"/> Sign Manufacturing | <input type="checkbox"/> Medical Related |
| <input type="checkbox"/> Convenience Store | <input type="checkbox"/> Day Care | <input type="checkbox"/> Janitor/Maids |
| <input type="checkbox"/> Contractors | <input type="checkbox"/> Gas Station | <input type="checkbox"/> Auto Repair |
| <input type="checkbox"/> Auto Sales | <input type="checkbox"/> Printing (Commercial) | <input type="checkbox"/> Mail Box Packaging |
| <input type="checkbox"/> Florist | <input type="checkbox"/> Distribution/Warehouse | <input type="checkbox"/> Restaurant Supply |

Please provide any additional information regarding the type of business you are seeking. _____

Would you consider a turnaround business? _____



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Describe your educational background: _____

What area(s) are you interested in?

To the best of your knowledge, is your FICO credit score above 650? Y or N

How much capital have you set aside? Total \$ _____

Initial Invest. \$ _____ Closing Exp. \$ _____ Operating Exp. \$ _____

How will the total amount change over the next 3 months?

Source of Funds: Cash (bank, CD, IRA, money market, credit union, _____) \$ _____

Other (real estate, auto, ins., credit cards, stock, _____) \$ _____

Other investors _____ \$ _____

What is your minimum monthly income need for the first year? _____ Second Year? _____

Who, other than yourself, will be involved in the purchase decision?

Who, other than yourself, will be involved in the operation of the business?

How much time will you have to operate the business?

What would keep you from owning your own business?

When we find a business that suits you, how many weeks before you can take possession?

Buyer's Signature: _____

Date: _____