

**BUYER'S PROFILE & CONFIDENTIAL QUESTIONNAIRE
(FRANCHISE INQUIRY)**

Capitol Business Consultants, Inc.
An Accredited Business Brokerage Company

All information provided will be held in strict confidence.
Please complete as much as of the form as possible in order that we can better assist you.

Name: _____
Address: _____
Current Employment: _____ Position: _____
Current Business Ownership: _____
Home Phone: _____ Business Phone: _____ Cellular: _____
E-mail Address: _____
Best Time/Place to contact you: _____

Geographical Areas of Interest: _____
Cities, States, Regions of the Country

Industries, Products or Services of Interest: _____
Food, Products, Services, Construction, Consumer Sales, Business Sales

Interested in a full time, owner/operator involvement or absentee management? _____

Investment range? Cash available to establish business? _____
\$50 - \$100K \$101 - \$200K \$201 - \$500K \$500K+

What are source of the funds for the investment? _____
Personal Funds, Retirement Funds, Sale of Business or Real Estate, Family, Partnership

What percent of the cost of the business do you intend to borrow from a bank or lender? _____

What percent of the cost of the business would you like the Franchisor to carry? _____

How much do you expect to make annually from the business you acquire: \$ _____

How soon are you prepared to acquire a business? _____

Other items of interest or importance: _____

Date

Name

Address

City

State