

FLORIDA BUSINESS EXCHANGE, INC.

BUYER'S PERSONAL PROFILE / CONFIDENTIAL INFORMATION

Date: _____ -Associate: _____ -Data Base Entry By: _____

Name: _____ Company: _____

Mailing Address: _____

Home: ____ / ____ -Office: ____ -FAX: ____ -Other: ____ -

Present Occupation or Business: _____

How did you learn about our Company? (*Check all that apply*)

[] Ad, [] Referral, [] Yellow Pages, [] Company's *Web Site*, [] Other: _____

TYPE OF BUSINESS PREFERRED:

1. _____ 3. _____

2. _____ 4. _____

LOCATION PREFERENCE:

1. _____ 3. _____

2. _____ 4. _____

• Minimum "Owner Benefit" or Earnings Before Tax income you require: \$ _____

• Max. cash down-payment available: \$ _____ • When will it be available? _____

• When do you want to take possession? _____ • Who, besides yourself is involved in decisions? _____

• Start-Up/Franchisee: [] YES, [] NO

Other Remarks: _____

BUSINESSES OFFERED/SHOWN

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_____. _____ NOTES: _____ | _____. _____ NOTES: _____

_____. _____ NOTES: _____ | _____. _____ NOTES: _____

_____. _____ NOTES: _____ | _____. _____ NOTES: _____

_____. _____ NOTES: _____ | _____. _____ NOTES: _____

Contact Date: _____ -Contact Date: _____ -Contact Date: _____ -Contact Date: _____