

BUYER/INVESTOR INFORMATION

Date: _____

DEMOGRAPHICS

Name: _____ Company: _____

Mailing Address: _____

City: _____ Province: _____ Postal Code: _____

Bus. Phone: _____ Home Phone: _____ Fax: _____

Cell: _____ Email Address: _____

EXPERIENCE

Work Experience:

Education: _____

PERSONAL

Married Single Name of Spouse: _____ Spouse Occupation: _____

Spouse Education: _____ Children: _____

Will Your Spouse or Other Family Members Work in the Business?: Yes No

Who Will Manage the Business?: _____

FUNDS

Range of Personal Funds to Invest: _____ Source of Funds: _____

Have You Ever Obtained Previous Government Financing?: Yes No

Have You Ever Declared Bankruptcy?: Yes No Are You a Party to a Lawsuit?: Yes No

Are There Any Outstanding Judgements Against You?: Yes No

Business Partner Name: _____ Phone #: _____

Address: _____

BUSINESS INFORMATION

Type of Business: Retail Service Restaurant/Bar Fast Food Manufacturing/Distribution
 Franchise Real Estate

Geographic Preference: _____