



BUYER PROFILE

Date:	Contact Name:	
Position:		
Company:		
Address:		
City, State, and Zip:		
Office number:	Fax:	
Email address:		
Acquisition Criteria:	Major SIC Code(s)	
Industry :		
Sales Range: Minimum -	\$	
Sales Range: Maximum -	\$	
Net Income or EBITDA Minimum	n - <u>\$</u>	or % of sales
Location Preference:		
☐ Domestic (Region/State	e):	
☐ International (Region/Co	ountry):	
Cash Available and Committed Capital : \$		
Deal Structure:		
☐ Equity ☐ Combination Equity/Debt ☐ Cash ☐ Combination Cash/Equity/Debt		
Previous Acquisition Experience:		
What is your target date	for completion of this acqu	isition:
☐ Less than 90 days? ☐ 90 to 180 days? ☐ More than 180 days?		
BUYERS PLEASE NOTE THE FOLLOWING:		
By submitting this profile and acquisition criteria I state that I and/or my organization have the financial capability to close transactions that meet our criteria and pass due diligence.		

Please FAX the completed form to Dennis Lowery at 561-892-0501