

YOUR NAME:		YOUR POSITION
COMPANY		EIN #
ADDRESS:		PHONE:
CITY:		E-MAIL:
STATE:		ZIP:
BACKGROUND	INFORMATION:	
1. Type Firm:	Corporate/Strategic	Owner Operator (use individual form)
	Private Equity	Other:
	a brief description of your firm. Wh	ich husingss ling is it involved in?
2. Flease give a		
3. For Financia	I Investor/Buyer:	
	Fund, Available Capital?	
Firm Age in Years: Number of Employees:		
For Corporate /Buyer:		
2022 Revenue & Pre-Tax Earnings? \$ \$		
	_	ber of Employees:
For Individual Buyer: Can you supply proof of funds if required?		
Is this an investment or do you intend to run the company?		
Why are	you interested in this business?	
4. Check each l	ousiness category you invest in:	
Manufacturing		Automotive
Distribution		Retail
Business Services		Financial Services
Restaurant / Food Services		Turnaround Situations
IT / Software Development		Healthcare / Pharma / Biotech
Architect / Engineering / Construction		Environmental
Prin	ting / Publication	Other:
5. Interested p	rimarily in Platform, Add on or Bot	h?
6. Minimum TT	M EBITDA required?	
7. Minimum TTM Revenue required?		
8. Select one: We require Seller to stay post-Closing		
	We have our own management po	-
9. Comments:		
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