



Listing Supplemental Information

Supplemental Information to, and subject to the conditions of, the Listing Agreement for:

BUSINESS NAME: _____ Franchise? Yes No

Listing Office Type: Capital Business Group, Inc. dba VR Business Brokers SIC Code: _____

Business Type (VR Code): _____

Selling Price: \$ _____ Down Payment: \$ _____

Listing Office Number: 553 Listing No.: _____ Listing Agent No. _____

Reason for Sale: _____

General Location: _____

Hours of Operation: _____

Full Time Employees: _____ # Part Time Employees: _____ # of Managers: _____ Hrs Owner Works: _____

Organization Type: _____ # Years Established: _____ # Years Owned: _____

Skills Required: _____

Non-Compete Miles: _____ Training Weeks Provided: _____

Non-Compete Years: _____ Training Cost: \$ _____

Comments: _____

ASSETS

___ Inventory \$ _____ Real Estate Yes/No Avail. _____ \$ _____

___ Fur/Fix/Equip: \$ _____ Other Assets: \$ _____

___ Accts Rec: \$ _____ Other \$ _____

___ L/H Imp: \$ _____ Assets - Total: \$ _____

LEASE

Rent Expense: \$ _____ Lease Expires: _____ Sq. Ft. Dimensions: _____

Terms & Options: _____ Building Type: _____

INCOME

Sales Year:	2007	2008	2009
Income Data Source:	_____	_____	_____
Gross Sales:	_____	_____	_____
Gross Profit:	_____	_____	_____
Total Expense:	_____	_____	_____
Net Before Tax:	_____	_____	_____
Owners Salary:	_____	_____	_____
Fringe Benefits:	_____	_____	_____
Interest Expense:	_____	_____	_____
Depreciation:	_____	_____	_____
Other +/-:	_____	_____	_____
Total Owner Benefits:	_____	_____	_____

FINANCING

	Note Amt.	Note Rate %	# Payments	Monthly Payment
Non-Seller Financing	\$ _____	_____	_____	\$ _____
Seller Financing	\$ _____	_____	_____	\$ _____

Seller's Signature _____

Date ____ / ____ / ____