

BUSINESS PROFILE WORKSHEET

Corporation/Company Name/DBA: _____
 Sellers Name: _____
 Address/s: _____

Telephone #: _____ Fax: _____

Web Address: _____

Email: _____

Accountants

Attorney

Name: _____

Address: _____

Office #: _____

Home#: _____

Accountants

Attorney

OWNERSHIP

Present Operation:

_____ Sole Proprietor _____ Corporation _____ LLC

_____ Partnership _____ Sub-S Corp _____ Other

Please list all owners in the company, their % of ownership and current responsibilities as an owner in the business.

Please list below what you are comfortable with after selling you Business.

Non-Compete Miles: _____ Transition & Training Weeks Provided in Purchase Plan: _____

Non-Compete Years: _____ Training Cost per week after, Transition & Training Initial: _____

Comments: _____

Type of Business (Percent by Gross Sales)

	Percent	Notes
Service:		
Retail:		
Wholesale:		
Manufacturing:		
Other:		

Products and Services

What is your primary product or service? What percent of your sales are derived from this product or service?

What other products or services (please be specific) do you provide? Do you have any proprietary products or services? Could your facility/staff produce more of these products or services?

Product substitutions/alternatives available to customers: _____

Any available copies of company brochures, pricing lists, recent advertisements, catalogues, that could be used for marketing of your business?

CUSTOMER BASE

Without divulging any proprietary information, please describe the type of customer who might purchase your product or service. If practical, list a few of your customers (DO NOT INCLUDE NAMES) and describe how long they have been with you, how much they purchase each month/year, and any other important information about them that might help us understand your customers better. Do you have a family relationship with any of your customers?

OPERATIONS/PRODUCTS

What mfg/production/marketing/financing edge over competition?

List any company technological/operating changes in past 5 years.

List any recent/anticipated technological breakthroughs re: products, or product lines:

Number of Shifts in operation & limiting factors:

Does the company currently have pollution/safety/zoning problems? If so, what capital expenditures can be reasonably anticipated in this regard?

Is the Company in good standing with the government authorities to which it reports?

Does the company guarantee/warrantee its product? On what terms?

What are historical costs of warranty service? What potential liability exists?

SOURCE OF INVENTORY & SUPPLIES CONTRACTS

Main Suppliers

Name:	Amt. Purchased: Annually	Products Purchased:	Importance:

Any exclusivity in sources: _____

What is happening to cost of materials from suppliers: _____

CUSTOMER PROFILE

Number of Regular Customers: _____

Customer's Geographical Profile: _____

Customer's Other relationship to business owner/employees: _____

Customer's providing more than 10% of gross sales:

Name:	Location:	\$ Volume:	% Sales:

Which key customers who are likely to be lost or to become significantly more important and why:

Any special prices or terms to special customers:

MARKETING

What form of advertising do you use? What forms have you tried? Should you advertise more? If you expand your sales, how would you do it?

What are the "markets" for the company's products? _____

How has sales/marketing effort changed in the past 5 years: _____

Are there any significant marketing developments in the industry that would have a bearing on the overall market?

What would be the effect of an increase or reductions in selling prices?

Who is doing market research? _____

Do you have a report on their studies? _____

STRENGTHS, WEAKNESS AND YOUR COMPETITORS

What are your most meaningful competitive advantages? _____

Considering these competitors, where would you rank yourself? _____

What are your weaknesses and the possible remedies? _____

Who are your most effective competitors? Where are they located? _____

EMPLOYEE STRUCTURE (ORGANIZATION)

What days are you open? _____

What are your hours of operation? _____

How many full time employees? How many part time employees?

What are your weaknesses and the possible remedies? _____

Please list each full and part time employee (by first name); describe their duties, their current hourly/weekly pay, and how long they have been with you.

Do you pay overtime? _____

How often are the employees paid? Are they paid through employee leasing or a payroll service? _____

What benefits (vacation, health insurance, pension, etc.) do you provide? _____

MANAGEMENT & SUPERVISORY BACKGROUND:

Who manages the business? What are their duties? How many hours per week does the manager work? How much is the manager paid?

Are other people being crossed trained to take over management responsibilities?

Members of family or relatives in business: _____

If so, jobs, salary, hours, etc: _____

EQUIPMENT AND OTHER ASSETS

Does your business utilize any specialized equipment? Have you composed a detailed list of all equipment that is included in the sale? What is the approximate market (not replacement) value of the equipment and the assets that are included in the sale?

PHYSICAL PREMISES AND LEASE

Is your facility free standing? Store front? Shopping center? Mall? High rise? Industrial park? Home? Doesn't matter? _____

Do you own or lease the facility? _____

If owned, on what terms would owner consider leasing the facility, or would the owner consider selling the property and at what price?

How many square feet in the facility? _____

If the business utilizes multiple facilities or buildings, how is each parcel used? _____

How long has the business been at this location? _____

Who is the landlord? _____

When did your lease commence? _____

When does your lease expire? Are there any options that can be exercised? _____

How much do you pay as base rent? _____

How much do you pay for CAM, taxes? _____

Is the rent fixed or is it a percent of the gross? Revenue? _____

How often does the rent escalate? What are the escalators? _____

Who pays for repairs? _____

How many parking spaces are provided? Is the parking sufficient? _____

Could this facility be easily expanded? _____

Are there any restrictions or problems with an assignment of existing lease? _____

INDUSTRY ASSOCIATIONS

Please list industry associations, include address, telephone and fax number, email/web address. _____

Which, if any of the above, do you belong to?

LICENSES/REQUIREMENTS FOR A NEW OWNER

What licenses are required to operate the business? Please make a copy of these licenses and forward to us.

.What are terms/restrictions for obtaining/transferring license? _____

What is cost of obtaining/renewing license? _____

Are there pending/contemplated licensing changes? _____

Will Seller allow use of license while Buyer qualifies? _____

REASON FOR SALE

If your reason for sale does not materially affect the value of your business, we are not required to proffer it. However, as you might imagine, most buyers want to know. If you want us to include your "reason for sale", please explain it here. There is no wrong reason for sale.

DE Analysis and Recast of Financial

REVENUE			
COG			
GROSS PROFIT			
OTHER INCOME	\$0	\$0	\$0
TOTAL EXPENSES			
NET INCOME			
Used For this Evaluation :	Tax Return	Tax Return	Tax Return
Year:			
Owner(s) Salary: if included in expenses., company matching, S.S. MEDICARE, FUTA			
Discretionary Expenses: Auto Travel Insurance Interest Entertainment			
Other Expenses: Supplies Phone			
Non-Recurring Expenses:			
Non-Cash Expenses: Depreciation Amortization			

Expenses Not Included On P&L:			
Total Adjustments:			
Net Profit (Loss) from P&L:			
Seller's Discretionary Cash Flow			

