



**Seller Questionnaire**

Please fax to 1-888-545-1118

All information provided will remain confidential

|                    |                           |
|--------------------|---------------------------|
| Name _____         | Business Name _____       |
| Telephone _____    | Address 1 _____           |
| Cell _____         | Address 2 _____           |
| Email _____        | City, St., Zip Code _____ |
| BBOTC Broker _____ | Telephone _____           |
|                    | Fax _____                 |

**Type of Business**

|  |   |  |   |
|--|---|--|---|
| <input type="checkbox"/> Auto Repair       | <input type="checkbox"/> Dry Cleaners/Laundry | <input type="checkbox"/> Hotel/Motel         | <input type="checkbox"/> Retail                 |
| <input type="checkbox"/> Bar/Tavern        | <input type="checkbox"/> Fitness Center       | <input type="checkbox"/> Internet Related    | <input type="checkbox"/> Wholesale/Distribution |
| <input type="checkbox"/> Coin Laundry      | <input type="checkbox"/> Franchise            | <input type="checkbox"/> Manufacturing       | <input type="checkbox"/> Commercial Property    |
| <input type="checkbox"/> Convenience Store | <input type="checkbox"/> Hair & Beauty        | <input type="checkbox"/> Printing/Publishing | <input type="checkbox"/> Investment Property    |
| <input type="checkbox"/> Daycare           | <input type="checkbox"/> Health/Medical       | <input type="checkbox"/> Restaurant          | <input type="checkbox"/> Land/Acreage           |
| Other _____                                |   |  |   |

**Business Information**

|   |                           |
|---|---------------------------|
| Is this business incorporated _____           | Type of corporation _____ |
| Total years this business has operated _____  | Years you owned _____     |
| Is this business profitable _____             |                           |
| Is your business a franchise _____            | Franchise name _____      |
| Your reason for selling _____                 |                           |
| Lease term (if applicatble) _____             | Cost/Month _____          |
| Days and hours of operations _____            |                           |
| How many employees _____                      |                           |
| Are you willing to train a new buyer _____    | How long _____            |
| Is this an owner operated business _____      |                           |
| Is this a family run business _____           |                           |
| Do you have a written business plan _____     |                           |
| Are there ways this business could grow _____ |                           |
| Any liens or judgements _____                 |                           |

**Financial**

|   |                                    |
|---|------------------------------------|
| Do you have 3 years of financials _____           |                                    |
| Do you have 3 years of tax returns _____          |                                    |
| Gross Income _____                                |                                    |
| Cash Flow (Seller's Discretionary Earnings) _____ |                                    |
| Do you have an appraisal _____                    |                                    |
| Approximate asking prices                         |                                    |
| - Business _____                                  | Loans/Liens (Business) _____       |
| - Inventory (not included above) _____            | Loans/Liens (Inventory) _____      |
| - FF&E (not included above) _____                 | Loans/Liens (FF&E) _____           |
| - Real Estate (not included above) _____          | Mortgage/Liens (Real Estate) _____ |
| Would you consider owner financing _____          | Amount to owner finance _____      |
| How did you hear about BBOTC _____                |                                    |

**Signed** \_\_\_\_\_ **Date** \_\_\_\_\_  
(Personal or Legal Digital Signature Required)