



## **Seller Questionnaire**

All information provided will remain confidential

Name Telephone Cell Email BBOTC Broker  Type of Business  Auto Repair		Business Na Address 1 Address 2 City, St., Zip Telephone Fax			ail
Bar/Tavern Coin Laundry Convenience Store Daycare Other	Fitness Center Franchise Hair & Beauty Health/Medical		Internet Related Manufacturing Printing/Publishing Restaurant	Wh	olesale/Distribution mmercial Property estment Property ad/Acreage
Business Information  Is this business incorporated Total years this business has operated Is this business profitable Is your business a franchise Your reason for selling Lease term (if applicatble) Days and hours of operations How many employees Are you willing to train a new buyer Is this an owner operated business Is this a family run business			Type of corporation Years you owned Franchise name Cost/Month How long		
Do you have a written busing Are there ways this business Any liens or judgements  Financial  Do you have 3 years of financial  Do you have 3 years of tax Gross Income  Cash Flow (Seller's Discret Do you have an appraisal Approximate asking prices - Business - Inventory (not include	ncials returns ionary Earnings)  ded above) ded above) ded above) financing		Loans/Liens (Busines Loans/Liens (Invento Loans/Liens (FF&E) Mortgage/Liens (Rea Amount to owner fina	ry) Il Estate)	
Signed			Date		

( Personal or Legal Digital Signature Required )