



# Broker Listing Referral Form

Name:	Company:	
City:	State:	
Tel:	Fax:	E-mail:

1. What type of listing is this: Exclusive Non-exclusive
2. How long has the broker had the listing and how long has the business been for sale?
3. How many buyers has it been presented to? What is their name(s) and are any in substantive discussions regarding the listing?
4. Business Description (briefly explain the type of operation including products/services):
5. Number of years business has been in operation: \_\_\_\_\_ Number of full time employees: \_\_\_\_\_
6. Gross revenues for the current and the last two fiscal years:
  - I) Current Fiscal Year To Date \_\_\_\_\_ (state year) \$
  - II) Current Fiscal Year End Projection \_\_\_\_\_ (state year) \$
  - III) Fiscal Year \_\_\_\_\_ (state year) \$
  - IV) Fiscal Year \_\_\_\_\_ (state year) \$
7. Net Income/EBITDA (not cash flow or SDCF) identify whether it is adjusted or true, for the current and the last two fiscal years:
  - I) Current Fiscal Year To Date \_\_\_\_\_ (state year) \$
  - II) Current Fiscal Year End Projection \_\_\_\_\_ (state year) \$
  - III) Fiscal Year \_\_\_\_\_ (state year) \$
  - IV) Fiscal Year \_\_\_\_\_ (state year) \$
8. What is the customer concentration for the top 3 customers:  
#1 \_\_\_\_\_ %    #2 \_\_\_\_\_ %    #3 \_\_\_\_\_ %

All questions must be answered and information provided. This form is required for our internal review process so we can determine which of our clients would be the best match to present this specific business to.



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9. Is the owner(s) intending to retire or exit the business? Is there a management team in place for management continuity?

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