

BUYER PROFILE

Buyer Type (check one): Individual Corporate Private Equity Public Company

Buyer Contact Name: _____ **Position:** _____

Company: _____

Address: _____

City, State, and Zip: _____

Office number: _____ **Fax:** _____

Email address: _____

Acquisition Criteria - Industry: _____

Revenue – Minimum: \$ _____

Transaction Value – Maximum: \$ _____

Net Income or EBITDA Minimum: \$ _____ or % of sales

Location Preference:

Domestic (Region/State): _____

International (Region/Country): _____

Cash Available and Committed Capital: \$ _____

Deal Structure:

Equity Combination Equity/Debt Cash Combination Cash/Equity/Debt

Previous Acquisition Experience:

Number of acquisitions: None 1 to 3 3 to 5 5 to 10 10+

Smallest (approximate transaction value): \$ _____

Largest (approximate transaction value): \$ _____

IMPORTANT - BUYERS PLEASE NOTE THE FOLLOWING:

By submitting this profile and acquisition criteria you state that you and/or your organization have the financial capability to close transactions that meet your criteria and acceptable due diligence results. Other buyer qualification may be required by business sellers and/or their authorized representatives prior to you receiving additional information on potential acquisition candidates.

Please email the completed form to Deborah Schorr

Email: Debby@IDConsultingUSA.com

Tel: 973-564-7222