



BayState Business Brokers
60 Birmingham Pkwy, Suite 1L, Boston, MA 02135
Tel: 617-562-5700 • Fax: 617-562-5701
www.mabusinessbrokers.com • info@mabusinessbrokers.com

Buyer Information Form

Name _____ Spouse: _____

Address _____

City _____ State _____ Zip _____

Telephone (Day) _____ (Evening) _____

E-mail _____ Cell _____

Other Individuals involved in the decision, ownership, or management _____

Background:

1. Cash that you, personally, have available to invest: _____

2. Source of Money _____

3. Net Worth _____

4. Credit Score (FICO scale, 300 - 850) _____

5. Is there anything in your background that could affect your ability to finance the purchase of a business? If yes, explain: _____

6. Minimum Yearly Income Requirement _____

7. Desired Ownership Date _____

8. How Long Have You Been Looking? _____

Background:

1. Current Livelihood _____

2. Business Ownership Experience (Business, Dates of Ownership, Sales, Employees)

3. Other Management Experience _____

4. Education/Training _____

5. Types of Business Sought _____

6. Types of Businesses You Do Not Want _____

7. What Locations Will You Consider? _____

8. Other Requirements? _____

Signature: _____ Date _____