

Buyer Questionnaire

Name _____

Address _____

City _____ State _____ Zip _____

Telephone (Day) _____ (Evening) _____

Fax _____

Are you currently working with another agent (circle one) YES NO

If yes, please explain: _____

Financial:

1. Amount available to invest _____

2. Other sources _____

3. Minimum monthly income requirement _____

Background:

4. Which of the following will you consider?

- Convenience Stores: *with* or *without gas* (circle one or both) *with* or *without alcohol* (circle one or both)
- Liquor
- Hotel/Motel: Franchise or Individual (circle one or both)
- Strip mall
- Food and/or Beverage
- Franchise
- Dry Cleaning/Laundry
- Services
- Retail
- Other: _____

5. How long have you been looking? _____

6. Anticipated possession date _____

7. Type of business preferred _____

8. Previous business ownership _____

9. Previous employment _____

10. Business objectives _____

11. What Locations or Areas Will You Consider?

