

AT Business Group, Inc.

Buyer Qualification Form

Contact Information

Name _____
Address _____
City _____ State _____ Zip code _____
E-mail address _____
Phone Number _____ Fax _____

Work Experience

Financial Information

Cash available towards a business purchase \$ _____
Is the cash readily available? _____ Y _____ N
Explain: _____

Have you ever filed bankruptcy? _____ Y _____ N
Will you require financing? _____ Y _____ N
If yes what amount \$ _____
Approximate yearly income desired \$ _____

Buyer Criteria

Preferred Industry: _____
Geographic Region: _____
Sales / Revenue Range: _____
Listing Price Range: _____

Please describe the particular characteristics of any business you are interested in along with any additional information that will help us assist you in your search.

Your Signature _____ Date _____

Please fax completed form to 480-422-6700 or email to info@atbusinessgroup.com