

**CLIENT INTAKE FORM:
BUSINESS PURCHASE/SALE**

CLIENT(S)	Client(s) is (are):	Seller(s)	Buyer(s)
<p><u>Client 1</u></p> <p>Name: _____ Address: _____ _____</p> <p>SSN: ____ - ____ - ____</p> <p>Phones: (H) +1 (____) _____ (Pg/Cell) +1 (____) _____ (W) +1 (____) _____ (Fax) +1 (____) _____ E-mail: _____</p> <p>Existing Business: _____ Form of Ownership: _____ Established/Incorporated/Registered: State _____ County _____ Date _____ File No. _____</p>	<p><u>Client 2 (or Client's Agent)</u></p> <p>Name: _____ Address: _____ _____</p> <p>SSN: ____ - ____ - ____</p> <p>Phones: (H) +1 (____) _____ (Pg/Cell) +1 (____) _____ (W) +1 (____) _____ (Fax) +1 (____) _____ E-mail: _____</p> <p>Existing Business: _____ Form of Ownership: _____ Established/Incorporated/Registered: State _____ County _____ Date _____ File No. _____</p>		
NB: If there are other Clients, please list on separate sheet of paper.			

SUBJECT BUSINESS	
Business Name	_____
Business Description	_____
Street Address	_____
City _____	County _____
Form of Ownership:	_____
Established/Incorporated/Registered:	State _____ County _____ Date _____
File No.	_____
Stand-alone business	Y/N
Franchise	Y/N IF YES, PROVIDE Copy of Franchise Agreement
SELLER OWNS REAL ESTATE ON WHICH BUSINESS IS LOCATED	
	Y/N
IF YES, PROVIDE:	PIN# _____ - _____ - _____ - _____ Vol. _____
IF NO, PROVIDE:	Copy of Lease

TERMS OF PURCHASE/SALE	
Price:	Business Only \$ _____
	Real Estate \$ _____
	Total \$ _____
Closing Date: _____ @ _____ .M.	

Business Portion

Contract: Y/N
Contract Acceptance Date: _____ Costs Paid by Seller: \$ _____
Terms: Down Payment \$ _____
 Financed \$ _____
 Cash Balance \$ _____
Finance Contingency Date: _____
Finance Commitment Date: _____
Inspection Contingency Date: _____
Closing Date: _____ Time: _____
Location: _____
Phone #: +1 () _____ Fax#: +1 () _____

Real Estate Portion

Contract: Y/N
Contract Acceptance Date: _____ Costs Paid by Seller: \$ _____
Terms: Down Payment \$ _____
 Financed \$ _____
 Cash Balance \$ _____
Finance Contingency Date: _____
Finance Commitment Date: _____
Inspection Contingency Date: _____
Closing Date: _____ Time: _____
Location: _____
Phone #: +1 () _____ Fax#: +1 () _____

NB: Provide copy of Contract(s) and any Riders

CONTACT INFORMATION

Attorneys

Purchaser

Name: _____
Address: _____
Phone#: _____
Fax #: _____
E-Mail: _____

Seller

Name: _____
Address: _____
Phone#: _____
Fax #: _____
E-Mail: _____

Realtors

Purchaser

Name: _____
Address: _____
Phone#: _____
Fax #: _____
E-Mail: _____

Seller

Name: _____
Address: _____
Phone#: _____
Fax #: _____
E-Mail: _____

Mortgage Broker/Banker

Purchaser

Name: _____
Address: _____
Phone#: _____
Fax #: _____
E-Mail: _____

Seller

Name: _____
Address: _____
Phone#: _____
Fax #: _____
E-Mail: _____

Title Company

Name: _____
Phone #: + 1 () _____

Commitment #: _____
Fax #: + 1 () _____