CLIENT INTAKE FORM: BUSINESS PURCHASE/SALE

CLIENT(S)	Client(s) is (are):	Seller(s)	Buyer(s)
Client 1	Client 2 (or Client's	Agent)	
Name:	Name:		
Address:	Address:		
SSN: Phones: (H)	SSN: Phones: (H)		
Existing Business: Form of Ownership: Established/Incorporated/Registered: State	Existing Business: Form of Ownership: _ Established/Incorpora State	nted/Registered:	
County	County		
Date File No	Date File No		
1 He 110.	1 HC 110.		
NB: If there are other Clients, please list on separate	sheet of paper.		
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	E Copy of Franchise Agreemer	nt	
SELLER OWNS REAL ESTATE ON WHICH BUSIN		Y/N	
IF YES, PROVIDE: PIN#		Vol	
IF NO, PROVIDE: Copy of Lease			
TERMS OF PURCHASE/SALE			
Price: Business Only \$			
Closing Date:	_ @M.		

Business Portion			
Contract: Y/N Contract Acceptance Date:	Time:		
Real Estate Portion			
Contract: Y/N			
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:		

Mortgage Broker/Banker	
<u>Purchaser</u>	Seller
Name: Address: Phone#: Fax #: E-Mail:	Name: Address: Phone#: Fax #: E-Mail: E-Mail: Fax #:
Title Company Name: Phone #:+ 1 (Commitment #: Fax #: + 1 ()