



751 State Street, Schenectady, NY 12307
(518) 372-6477 Fax: (518) 372-0059

Business/Owner Registration Application

To properly match your requirements to those of Potential Buyers, please tell us about yourself and your Company. All information you provide is CONFIDENTIAL and may only be released to Potential Buyers (and their advisors) we deem qualified. Owner authorizes L. P. Grasso to verify such information with the parties named or with third party sources as it sees fit.

Complete these questions for Business/Owner Registration

Company Name _____ Date _____
Your name _____ Title _____
Company Address _____ Phone _____
City _____ State/Prov _____ Zip / Postal _____ Country _____ Fax _____
Home Address _____ Home Phone _____
City _____ State/Prov _____ Zip / Postal _____ Country _____ Home Fax _____
Email address _____ Company Fed ID# _____
Referred by _____ Individual's SS# _____

OWNERSHIP FORM: [] Sole Proprietorship [] Partnership [] S-Corp [] C-Corp [] LLC
REASONS FOR SALE: [] Age [] Health [] Personal [] Business [] Combo [] Other _____

CONTACT: Where may we contact you? [] work address [] work phone [] home address [] home phone

1) CURRENT INDUSTRIES: Indicate the industries you are engaged in now.
[] Basic (agriculture, mining, etc.) [] Manufacturing [] Retail [] Utilities
[] Finance [] Real Estate [] Services [] Wholesale
Details of business you are engaged in now. (Indicate SIC # if known) _____

2) CURRENT FACILITIES: Approximate Total Number of Square Feet _____ Office: _____ Square Feet
[] Rented Is there a lease? _____ If yes, when does it expire? _____ Years in this location? _____
Is there a renewal option? _____ If yes, for _____ years
Is Building Owner/landlord a principal in the business? [] Yes [] No
If yes, (circle) owner partner stockholder Other (specify) _____
Does the business pay market rent? [] Yes [] No
[] Owned By the Business? _____ By a principal in the business _____ (circle) owner partner stockholder
Does the business pay Real Estate Taxes? [] Yes [] No Utilities? [] Yes [] No

3) DISTRIBUTION AREA: What geographic market area(s) are included in the company's distribution? Please number in priority.
[] Local (Capital Region area) [] Regional (Upstate NY) [] Sectional (NE States)
[] National [] International [] Other _____

(Please complete other side)

- 4) **YEARS IN BUSINESS:** _____ Years Number of years at current location _____
- 5) **MANAGEMENT:** Do you want to stay after the sale? Yes Preferred No Maybe Doesn't matter
- 6) **FINANCING:** Will you partially finance the sale ("hold paper")? Yes Preferred No Maybe Doesn't matter
- 7) **UNIONS:** Is the company unionized? Yes No
- 8) **EMPLOYEES:** Number of employees? _____ Employees _____ Full Time _____ Part Time
- 9) **FAMILY:** Number of family members other than you who work in business? _____
- 10) **REVENUE SIZE:** Revenue range in the last 3 years? Minimum _____ Maximum _____
- 11) **PROFIT:** Recast EBIT range in the last 3 years? Minimum _____ Maximum _____
- 12) **PRICE:** Sale price of Business you will consider? Minimum _____ Maximum _____
- 13) **CASH:** Down Payment you want to receive? Minimum _____ Maximum _____
- 14) **PURCHASE TERMS:** Indicate terms you require? Please number in priority, leave blank if not applicable.
 Cash Lender financing Owner financing Stock exchange Trade
- 15) **REFERENCES:** Please provide the following references:
- Banker _____ Bank _____ Phone # (____) _____
- Accountant _____ Firm _____ Phone # (____) _____
- Attorney _____ Firm _____ Phone # (____) _____
- 16) **PRINCIPALS:** Please list other officers or partners in the business?
- Name _____ Title/role _____ Phone # (____) _____
- Name _____ Title/role _____ Phone # (____) _____
- Name _____ Title/role _____ Phone # (____) _____
- 17) **FINANCIAL RESOURCES:** If you are a company please include your most recent annual financial statement and/or tax return. If you are an individual please include a current net worth statement. OR, in the alternate, you may include a letter explaining your net worth, or the financial resources under your control.
- 18) **ADDITIONAL COMMENTS:** _____
- _____
- _____

Approve here for Owner Registration

There is **no advance Fee** for this registration.

Signature **X** _____ Date _____

You may arrange a free consultation at the offices of L. P. Grasso and Company, Inc. to discuss your criteria, your preferences and the **Business Owner Program**. This proactive approach includes a "Range of Value". This informal analysis provides you with some ideas about what a Buyer might be willing to pay to acquire your Company.

Please Call to Discuss or Return To:
L. P. Grasso & Company, Inc.,
751 State Street,
Schenectady, NY 12307
Voice: 518-372-6477 Fax: 518-372-0059