

## BUYER ACQUISITION CRITERIA ENROLLMENT

A proper match of business and buyer is one of the keys to success in the purchase of a business. To assist Robbinex Inc. ("Robbinex") in determining a suitable business acquisition for you we require some personal information and your criteria. In addition to the information below, please feel free to submit your own financial statement, any additional material you feel would be helpful and, if you have one, a resume. This information is also added to our Buyer Data Base to ensure that all new acquisition opportunities are brought to your attention.

**PLEASE NOTE THAT ALL INFORMATION PROVIDED IS HELD IN STRICT CONFIDENCE.**

### PERSONAL INFORMATION

<i>Name</i>		<i>Where did you hear about Robbinex?</i>	
<i>Cell Phone</i>		<i>Office Phone</i>	
<i>Address</i>		<i>Email</i>	
<i>City</i>	<i>Prov/State</i>	<i>Postal/Zip</i>	<i>Country</i>

### PERSONAL INFORMATION

<i>Present Employment</i>	<i>Position</i>
<i>Address</i>	
<i>Job Description</i>	
<i>Professional Experience / Skills / Education: (Please attach a copy of your Resume, if available)</i>	

### FINANCIAL INFORMATION

<i>Investment Level (Range)</i>		<i>Investment Level (Maximum)</i>	
<i>\$</i>	<i>to \$</i>	<i>\$</i>	
<i>Cash Available to Invest</i>	<i>Institution Name (Location of Funds)</i>	<i>Name and Phone of Person to Verify Funds</i>	
<i>\$</i>			
<i>Other Equity Available to Invest</i>	<i>Institution Name (Location)</i>	<i>Name and Phone of Person to Verify Funds</i>	
<i>\$</i>			

Nothing in this acquisition criteria enrollment is intended to create or be construed as creating a principal agent relationship between Robbinex and you. You agree and acknowledge that Robbinex's sole undertaking is to try to provide certain information to you. You will engage such professional advisors as you deem necessary and appropriate in connection with a potential acquisition and you confirm that you have not engaged Robbinex to provide any such advice to you.

By signing this form, you give Robbinex permission to evaluate your financial qualifications and check your references, which may include a credit check.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**ACQUISITION EXPERIENCE**

How long have you been looking for an acquisition?		Preferred Geographic Location	
Have you ever purchased a business before?	Dates and Details		
Have you ever sold a business?	Dates and Details		
Have you worked with an intermediary?	Dates and Details		
Companies Owned	Company Product/Service		
General Business Interests (Please provide separate sheet if necessary)			

**FUNCTIONAL EXPERIENCE** (Please check all that are applicable)

Sales	<input type="checkbox"/>	Finance	<input type="checkbox"/>	Production	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Marketing	<input type="checkbox"/>	Accounting	<input type="checkbox"/>	Personnel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Distribution	<input type="checkbox"/>	IT	<input type="checkbox"/>	Engineering	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**SECTORS** (Please check all that are applicable)

Distribution	<input type="checkbox"/>	Retail	<input type="checkbox"/>	Wholesale	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Manufacturing	<input type="checkbox"/>	Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**INDUSTRIES** (Please check all that are applicable)

Adhesives & Sealants	<input type="checkbox"/>	Construction	<input type="checkbox"/>	Industrial	<input type="checkbox"/>	Sensors	<input type="checkbox"/>
Aerospace	<input type="checkbox"/>	Consumer / Retail	<input type="checkbox"/>	IT Services	<input type="checkbox"/>	Software (SAAS)	<input type="checkbox"/>
Agriculture	<input type="checkbox"/>	E-Commerce	<input type="checkbox"/>	Landscaping	<input type="checkbox"/>	Tech & Telecom	<input type="checkbox"/>
Automotive	<input type="checkbox"/>	Electronics	<input type="checkbox"/>	Machining & Fabrication	<input type="checkbox"/>	Trade	<input type="checkbox"/>
B2B	<input type="checkbox"/>	Energy	<input type="checkbox"/>	Metal	<input type="checkbox"/>	Transportation	<input type="checkbox"/>
Business Services	<input type="checkbox"/>	Food & Beverage	<input type="checkbox"/>	Oil & Gas	<input type="checkbox"/>	Water & Waste Mgmt.	<input type="checkbox"/>
Chemicals	<input type="checkbox"/>	Healthcare	<input type="checkbox"/>	Packaging	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communications	<input type="checkbox"/>	Hospitality	<input type="checkbox"/>	Plastic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

