CONFIDENTIAL CLIENT PROFILE



ORION

BUSINESS BROKERS

Please print, fill in and either fax to 086-671-3618 or scan and email to louis@bizxchange.co.

Name:					
Address:					
Telephone Number (b):	Telepho			one Number (w):	
Cell Phone:		•			
Email Address:	I			ID Number:	
Do you rent or own your hom	e? Rent?	•			
Type of business required?					
Other possibilities and areas					
Have you owned a business before?			Yes? 🗆 No? 🗅		
By when would you like to be in your own business?					
How long have you been searching for a business?					
Have you seen anything suitable?					
What expertise, strengths do you have?					
Would you consider a partnership?			Yes? □ No? □		
Do you represent yourself, partners or company etc?					
Who would make the final decision?					
Are you an unrehabilitated insolvent?					
Do you have any judgements against you?					
INCOME/PROFIT:					
Income/Profit Required:					
Purchase Price:	R				
How do intend financing the purchase?					
Cash/Deposit: R					
Bonds: R					
Other: R					
Total· R					

I accept that the information given to me BY THE AGENTS ON BEHALF OF Mandated Seller shall he treated in confidence and I undertake not to disclose such information to others for their my own benefit without the consent of Aides Business Brokers. I will also not circumvent the agent.	or
I confirm that to my best of knowledge the above information is true and correct.	
SIGNED: DATE:	