

# C.V. LEMMON & CO., INC.

# Confidential Buyer Questionnaire

This questionnaire is for use by one or more high net worth individuals. A separate questionnaire for public and private companies and established private investment groups is also provided.

## Contact Information

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

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Fax : \_\_\_\_\_

Call in Confidence: \_\_\_\_\_

## Background Information

Business Experience/Industries: \_\_\_\_\_

Positions: \_\_\_\_\_

Present Employer: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Do you own any businesses presently?  Yes  No

If yes, what type(s) of business(es)? \_\_\_\_\_

Approximately total annual revenue(s)? \$ \_\_\_\_\_

Will you be an  Active Manager  Passive Investor

Purpose for acquiring: \_\_\_\_\_

Are you the sole buyer/investor?  Yes  No If no, how many others and indicate partners below. \_\_\_\_\_

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

Active Manager  Passive Investor  Active Manager  Passive Investor

**Financial Information**

Combined Net Worth of all investors: \$ \_\_\_\_\_ Amount of investment equity available: \$ \_\_\_\_\_

List and describe all cash sources: \_\_\_\_\_

**Balance Sheet** (current as of: \_\_\_\_\_ )

**ASSETS:**

**LIABILITIES:**

Cash	\$ _____	Notes Payable	\$ _____	Bank Line of Credit Availability	\$ _____
Securities	\$ _____	Accounts Payable	\$ _____		
CD's/Treasury Notes	\$ _____	Mortgages	\$ _____		
Real Estate	\$ _____	Other Loans	\$ _____		
Receivables	\$ _____	Other Liabilities	\$ _____		
Other	\$ _____	Total Liabilities	\$ _____		
Total Assets	\$ _____	Net Worth	\$ _____		

**Financial References**

Institution: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_ Phone: \_\_\_\_\_

*I certify that the above information is complete and accurate as of the date of this document and I authorize you to verify such information through reference and credit checks.*

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

**C.V. Lemmon & Co., Inc.**  
6060 North Central Expressway • 220 Twin Sixties Tower  
Dallas, Texas 75206  
(214) 692-7248  
Fax (214) 692-5154

**Acquisition Criteria**

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Description of Business(es) Sought: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Geographic Preference Regions: \_\_\_\_\_ States: \_\_\_\_\_

Cities: \_\_\_\_\_

Revenue Range: \$ \_\_\_\_\_ to \$ \_\_\_\_\_ Million

Market Value: \$ \_\_\_\_\_ to \$ \_\_\_\_\_ Million

Some of our businesses are actively operated by their current owners, who would have to be replaced. Are you interested in a full-time operator type business? \_\_\_\_\_ Yes \_\_\_\_\_ No

Are you willing to relocate? \_\_\_\_\_ Yes \_\_\_\_\_ No

SIC Codes of Interest: Please indicate any 4-digit SIC codes which accurately reflect your specific acquisition interest areas.

\_\_\_\_\_

Please provide any additional comments related to your acquisition needs or strategy that would give added insight in selecting acquisition candidates for your consideration.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please provide any further available information, resumés, or profiles for all investors.**

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