



# BUSINESS OPPORTUNITY



Type of Listing Agreement \_\_\_\_\_

Have \_\_\_\_\_ City \_\_\_\_\_ TG # \_\_\_\_\_ Form of Ownership \_\_\_\_\_ List Price (LP) \_\_\_\_\_  
 Address \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Down Payment \_\_\_\_\_  
 Motivation \_\_\_\_\_ Want \_\_\_\_\_ Gross Sales \_\_\_\_\_  
 Business Type \_\_\_\_\_ Terms \_\_\_\_\_

Type of Lease \_\_\_\_\_ Expiration Date \_\_\_\_\_  
 Monthly Rent \_\_\_\_\_  
 Sqft \_\_\_\_\_ Lease/Sqft \_\_\_\_\_  
 Lease Deposit \_\_\_\_\_ Pct Lease \_\_\_\_\_ %  
 Renewal Option \_\_\_\_\_  
 Equipment Included in Space Rent \_\_\_\_\_  
 Contracted Lease Equipment \_\_\_\_\_  
 How Long Established \_\_\_\_\_ With Present Owner \_\_\_\_\_  
 Average Customer Count \_\_\_\_\_ Parking Spaces \_\_\_\_\_  
 #Employees: Full Time \_\_\_\_\_ Part Time \_\_\_\_\_ Total \_\_\_\_\_  
 Owner Works \_\_\_\_\_ Hours/Week \_\_\_\_\_ Will Owner Train? \_\_\_\_\_  
 Days & Hours Open \_\_\_\_\_  
 Storage Facility \_\_\_\_\_ Average Mark Up \_\_\_\_\_

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BALANCE SHEET		ANNUAL EXPENSES		ANNUAL INCOME STATEMENT	
<b>ASSETS</b>		Total Rent _____		Gross Sales _____	
Cash _____	_____	Utilities _____	_____	- Cost of Sales _____	_____
Inventory _____	_____	Insurance _____	_____	= Gross Profit _____	_____
Accts Receivable _____	_____	Advertising _____	_____	- Total Expenses _____	_____
Equipment _____	_____	Accounting _____	_____	= Net Income _____	_____
Leasehold Improvement _____	_____	Supplies _____	_____	<b>ADJUSTMENTS</b>	
Real Estate _____	_____	Telephone _____	_____	+ - Owner's Salary _____	_____
Other Assets _____	_____	Taxes _____	_____	+ - Manager's Salary _____	_____
TOTAL _____	_____	Licenses _____	_____	+ - Interest _____	_____
<b>LIABILITIES</b>		Equipment Rental _____	_____	+ - Depreciation _____	_____
Accounts Payable _____	_____	Repairs _____	_____	+ - Fringes _____	_____
Accrued Expenses _____	_____	Payroll _____	_____	= Adjusted Net Income _____	
Long Term Liability _____	_____	Payroll Tax _____	_____	<b>PRICE INCLUDES:</b>	
TOTAL _____	_____	Total Annual Expenses _____		Goodwill _____	License _____
<b>RETAINED EARNINGS</b>		_____		Equipment _____	CNTC _____
_____		_____		Inventory _____	MCA _____
_____		_____		Lease Value _____	_____
_____		_____		Real Estate _____	_____
_____		_____		Total Price Includes _____	

Gross Profit _____	_____	_____	
+ Adjusted Net Income _____	_____	_____	
- Total Expenses _____	_____	_____	
(Operating Cash Flow) _____		Cash Flow ÷	(D.P. + C.C.) = %R.O.I.
Principal _____	_____	_____	
- Debt Service _____	_____	_____	
+ Interest _____	_____	_____	

Remarks \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

E-mail \_\_\_\_\_ To Show \_\_\_\_\_ Phone \_\_\_\_\_  
 Salesperson \_\_\_\_\_ Listing Office \_\_\_\_\_ Phone \_\_\_\_\_ S/O Comf \_\_\_\_\_

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