



# Confidential Buyer Information

## Dental Practice Brokers

Name \_\_\_\_\_ Date \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Telephone HM \_\_\_\_\_ Office \_\_\_\_\_ Cell \_\_\_\_\_  
Email \_\_\_\_\_ How would you like to be contacted? \_\_\_\_\_

**Interest:** ( Place a ✓ )

Associate \_\_\_\_\_ Practice Purchase \_\_\_\_\_ General \_\_\_\_\_

Specialty \_\_\_\_\_ Type \_\_\_\_\_

Location: \_\_\_\_\_  
( this must be completed)

**Practice Characteristics:**

Annual Gross Revenues \_\_\_\_\_ Compensation after debt service \_\_\_\_\_

Treatment Opts \_\_\_\_\_ Facility Sq Ft \_\_\_\_\_ Other \_\_\_\_\_

**Education:** Dental Degree/s \_\_\_\_\_  
College/University \_\_\_\_\_ Year Graduated \_\_\_\_\_  
Residency Program \_\_\_\_\_ Year Graduated \_\_\_\_\_

**Dental Experience:**

Office/Corporation \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Dates: \_\_\_\_\_

Office/Corporation \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Dates: \_\_\_\_\_

Other: \_\_\_\_\_

Do you have a resume or CV? \_\_\_\_\_ Please attach it to this form. (must present with this form)

**Military:** (Please state your Military commitment, branch of service, and date of departure)

Are you working with a licensed broker? \_\_\_\_\_ If so, who or what company \_\_\_\_\_

**FINANCIAL:**

Credit status: A+ \_\_\_\_\_ A \_\_\_\_\_ B \_\_\_\_\_ less than B \_\_\_\_\_ Have you ever declared bankruptcy? \_\_\_\_\_

Have you been pre-approved for financing? \_\_\_\_\_ If yes, lender \_\_\_\_\_

Will you need 100% financing? \_\_\_\_\_ Do you have access to earnest money for down payment? \_\_\_\_\_

If necessary, do you have a co-signer? \_\_\_\_\_ If yes, relationship \_\_\_\_\_

I acknowledge that the above information is true and accurate to the best of my knowledge. Must have signature

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