

Business Acquisition

BUSINESS TO BE PURCHASED

Trade name _____ Federal tax ID # _____
 Address _____ City _____ State _____ Zip _____
 Phone _____ Fax _____ E-mail _____
 Is this business incorporated? Yes No Seller's corporate name _____
 Does business purchase include real estate? Yes No

BUYER INFORMATION

Buyer name _____ Social Security # _____ Birthdate _____
 U.S. citizen? Yes No If no, how long in U.S.? _____ Residency status _____
 Home address _____ City _____ State _____ Zip _____
 Phone _____ Fax _____ E-mail _____
 Own Rent since _____ Price paid \$ _____ Market value \$ _____ Mortgage bal. \$ _____

OTHER BUSINESSES OWNED BY BUYER

Business name(s) _____ Location(s) _____
 Type _____ Owned since _____ Gross yearly income \$ _____ Net yearly income \$ _____

BUYER C&G EXPERIENCE

Store name(s) _____ Location(s) _____
 Managed Owned How long? _____ Sold for \$ _____ Sold to _____

CO-BUYER INFORMATION

Co-buyer name _____ Social Security # _____ Birthdate _____
 U.S. citizen? Yes No If no, how long in U.S.? _____ Residency status _____
 Home address _____ City _____ State _____ Zip _____
 Phone _____ Fax _____ E-mail _____
 Own Rent since _____ Price paid \$ _____ Market value \$ _____ Mortgage bal. \$ _____

OTHER BUSINESSES OWNED BY CO-BUYER

Business name(s) _____ Location(s) _____
 Type _____ Owned since _____ Gross yearly income \$ _____ Net yearly income \$ _____

CO-BUYER C&G EXPERIENCE

Store name(s) _____ Location(s) _____
 Managed Owned How long? _____ Sold for \$ _____ Sold to _____

BUYER(S) ATTORNEY

Law firm name _____ Attorney _____
 Address _____ City _____ State _____ Zip _____
 Phone _____ Fax _____ E-mail _____

Business Acquisition (continued)

SELLER INFORMATION

Seller name _____
Address _____ City _____ State _____ Zip _____
Phone _____ Fax _____ E-mail _____

HISTORY OF BUSINESS BEING PURCHASED

Date business opened _____ Is seller the original owner? Yes No If no, date seller purchased _____
Purchased from _____ Price seller paid \$ _____

STORE INFORMATION

Profit centers (check all that apply) c-store gas station carwash QSR other _____
If gas station, average # gallons pumped per month _____ # of MPDs _____
Is this store under lease? Yes No If yes, please answer the following: Monthly rent \$ _____
When did lease begin? _____ # years remaining _____ Renewal option? Yes No If yes, # years _____

LANDLORD

Landlord name _____ Contact person _____
Address _____ City _____ State _____ Zip _____
Phone _____ Fax _____ E-mail _____

TERMS OF SALE

Total purchase price \$ _____	Seller note term (months) _____
Buyer cash \$ _____	Seller note monthly payment \$ _____
Seller note \$ _____	Desired Butler term (months) _____
Butler financing \$ _____	Desired Butler monthly payment \$ _____
Is there a signed agreement of sale? <input type="checkbox"/> Yes <input type="checkbox"/> No	Desired settlement date _____

LOANS TO BE PAID AT SETTLEMENT

Are there any loans or equipment leases due on the business? Yes No If yes, please complete the following:

Lender _____	Contact _____	Phone _____
Account # _____	Balance due \$ _____	Monthly payment \$ _____

Lender _____	Contact _____	Phone _____
Account # _____	Balance due \$ _____	Monthly payment \$ _____

I hereby authorize my bank(s), creditors, and suppliers to release to Butler Capital all information requested for its credit investigation. I certify that all information supplied is current and correct. If my application for business credit is denied, I have the right to a written statement of the specific reasons for the denial.

Applicant signature _____ Date _____

Applicant signature _____ Date _____

LEGAL DISCLOSURES

Above terms may/may not include sales/use tax. If your application for business credit is denied, you have the right to a written statement of the specific reasons for the denial. To obtain the statement, please contact: Legal Dept., Butler Capital Corp., PO Box 677, Hunt Valley, MD 21030-0677, 410-771-9600, within 60 days from the date you are notified of our decision. Butler Capital will send you a written statement of reasons for the denial within 30 days of receiving your request for the statement. The federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, or age (provided the applicant has the capacity to enter into a binding contract); or because all or part of the applicant's income derives from any public assistance program; or because the applicant has, in good faith, exercised any right under the Consumer Credit Protection Act. The federal agency that administers compliance with this law concerning this credit is the Federal Trade Commission, Equal Credit Opportunity, Washington, DC 20850.

Questions? Need more information? • Call 800-928-8537 • Fax 410-771-0898

Personal Financial Statement

Name _____ Date _____
 Address _____ City _____ State _____ Zip _____
 Home phone _____ Mobile Phone _____ E-mail _____

ASSETS

Checking/ savings/ CD/ money market (Indicate IRAs or Keoghs with asterisk *)

Copies of most recent bank statements attached

On deposit at	Phone #	Account # and type	Current balance
1. _____	_____	_____	\$ _____
		<input type="checkbox"/> Check <input type="checkbox"/> Sav <input type="checkbox"/> CD <input type="checkbox"/> MM	
2. _____	_____	_____	\$ _____
		<input type="checkbox"/> Check <input type="checkbox"/> Sav <input type="checkbox"/> CD <input type="checkbox"/> MM	
3. _____	_____	_____	\$ _____
		<input type="checkbox"/> Check <input type="checkbox"/> Sav <input type="checkbox"/> CD <input type="checkbox"/> MM	

Stocks/ bonds/ mutual funds (listed)

	Number of shares	Market value
1. _____	_____	\$ _____
2. _____	_____	\$ _____
3. _____	_____	\$ _____
4. _____	_____	\$ _____
5. _____	_____	\$ _____

Residence (address)

Residence (address)	Purchase price	Market value
1. _____	\$ _____	\$ _____
Titled to _____	Purchase date _____	

Other real estate (address)

Other real estate (address)	Your ownership %	Purchase date	Purchase price	Market value
1. _____	_____	_____	\$ _____	\$ _____
2. _____	_____	_____	\$ _____	\$ _____

Other assets (insurance/ automobile/ accounts or notes receivable/ other businesses owned)

Other assets (insurance/ automobile/ accounts or notes receivable/ other businesses owned)	Your ownership %	Market value
1. _____	_____	\$ _____
2. _____	_____	\$ _____
3. _____	_____	\$ _____
4. _____	_____	\$ _____
TOTAL ASSETS		\$ _____

Personal Financial Statement (continued)

Name _____ Date _____

DEBT SCHEDULE (Include all obligations of your own and co-applicant over \$500)

	Balance	Monthly payment
Auto loans		
1. _____	\$ _____	\$ _____
2. _____	\$ _____	\$ _____
Revolving credit lines/ credit cards		
1. _____	\$ _____	\$ _____
2. _____	\$ _____	\$ _____
3. _____	\$ _____	\$ _____
4. _____	\$ _____	\$ _____
Mortgage/ home equity loans		
1. _____	\$ _____	\$ _____
2. _____	\$ _____	\$ _____
3. _____	\$ _____	\$ _____
4. _____	\$ _____	\$ _____
Other debts/ liabilities/ tax liens/ judgments (If deferred, indicate when payments begin)		
1. _____	\$ _____	\$ _____
2. _____	\$ _____	\$ _____
3. _____	\$ _____	\$ _____

IMPORTANT
 Is there any debt or other financial obligation you have now OR expect to have in the next 12 months that is not listed on this form, OR are you a guarantor or co-signer for others?
 Yes No If "Yes" please attach an explanation.
 In the past 10 years, have you filed for bankruptcy?
 Yes No If "Yes" please attach an explanation.

TOTAL DEBTS \$ _____

NET WORTH \$ _____
 (assets minus debts)

PERSONAL DATA	CO-APPLICANT DATA
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Social Security # _____ Date of birth _____	Social Security # _____ Date of birth _____
Employer _____	Employer _____
Contact _____	Contact _____
Work phone _____	Work phone _____
Position _____	Position _____
Number of years _____ Salary \$ _____ /mo.	Number of years _____ Salary \$ _____ /mo.

Other income (personal)	Other income (co-applicant)
Explain source _____	Explain source _____
Monthly gross \$ _____ Monthly net \$ _____	Monthly gross \$ _____ Monthly net \$ _____

We provide this statement to obtain business credit from Butler, directly or as guarantors; understand that Butler will rely on it to extend credit; represent and warrant it to be true and complete; and authorize all inquiries Butler deems necessary to verify its accuracy.

Signature _____ Date _____ Co-applicant signature _____ Date _____

Toll free phone 800-928-8537 • Fax 410-771-0898 • E-mail c&g@butlercapital.com • Web www.ButlerCapital.com