



## Business Brokerage Management System (BBMS) ©

### BLANK BLI INPUT FORM

#### INITIAL LISTING INFORMATION

Organization Code: **BBF** Listing Office: **386** Listing Number:

Agent Name : **Eric Wayne**

Agent Number : **386015**

#### BUSINESS INFORMATION

Showing Remarks:

Business Name:

Business Phone:

Business Home Page:  (optional-leave blank if n/a)

Business Address:

Business City:  Business Zip Code:

Country:

State/Province:

County/Parish:

Sellers:

#### GENERAL LISTING INFORMATION AND DOCUMENTS ON FILE

Listing Type Is:  Exclusive Agency  Exclusive Right of Sale  Open Listing

Listing Office Is:  Single Agency  Transaction Broker  Non-Representation

Documents On File: Equipment List:  Yes  No Lease:  Yes  No

Corp. Resolution:  Yes  No Standard Agreement:  Yes  No

Signature On File:  Yes  No Business is a Franchise:  Yes  No

Business is Relocatable:  Yes  No Business is Home Based:  Yes  No

Business is Lender Pre-Qualified:  Yes  No

Business Should Qualify For Visa :  Yes  No

#### CATEGORY CLASSIFICATION FOR THIS LISTING

Category Classification:

Main Category

Detail Description

The Category Classification consists of two parts, a "Main Category" (separated by colon) and a "Detail Description". For example, in the Category Classification "ACCOUNTING : Bookkeeping", the "Main Category" is "ACCOUNTING" and the "Detail Description" is "Bookkeeping".

**SELLING PRICE, DOWN PAYMENT AND FINANCING**

Selling Price:  Down Payment:

**Assumable Financing**

Amount:  Months:  Rate:  Monthly Payment:

**Seller Financing**

Amount:  Months:  Rate:  Monthly Payment:

**Other Financing**

Amount:  Months:  Rate:  Monthly Payment:

**OTHER INFORMATION AND COMMENTS**

Reason For Sale:

General Location:

Comments: (Maximum of 1,000 characters):

Years Established:  Years Owned:  Empl FT:  Empl PT:

Managers:  Hours Owner Works:

Organization Type:  Corp 'C'  Corp 'Sub S'  Foreign Corp 'C'  Foreign Corp 'Sub S'  
 Sole Proprietorship  Partnership  Limited Partnership  Limited Corporation

Non compete for  miles for  years.

Will train for  weeks at  cost.

Operating Days/Hours:

Skills/Licenses Required:

**ASSETS INVOLVED IN THE TRANSACTION**

**Assets Information**

Balance Sheet Available:  Yes  No

Accounts Rec.:  
Inventory:  
F. F. Equip.:  
LeaseHold:  
Real Estate:  
  
Total Assets:

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Included:  Yes  No  
 Included:  Yes  No  
 Included:  Yes  No  
 Included:  Yes  No  
 Included:  Yes  No  Available  
 Included:  Yes  No  
 Included:  Yes  No

**CASH FLOW SUMMARIES**

**Period 1 Cash Flow Summary**  
 (Enter Most Recent Year for Period 1)

Year:

Source:  Tax Return  P/L Statement  Annualized  Owner to Prove  Owner Estimate  
 Proforma  Part Year

Cash Flow W/S :  Yes  No

|                  |   |                      |
|------------------|---|----------------------|
| Gross Revenue    | : | <input type="text"/> |
| Cost of Goods    | : | <input type="text"/> |
| Other Expense    | : | <input type="text"/> |
| Net Income       | : | <input type="text"/> |
| <u>Add Backs</u> |   |                      |
| Owner Salary     | : | <input type="text"/> |
| Benefits         | : | <input type="text"/> |
| Interest Exp.    | : | <input type="text"/> |
| Depreciation     | : | <input type="text"/> |
| Other            | : | <input type="text"/> |
| Owner Benefit    | : | <input type="text"/> |

**Period 2 Cash Flow Summary**

Year:

Source:  Tax Return  P/L Statement  Annualized  Owner to Prove  Owner Estimate  
 Proforma  Part Year

Cash Flow W/S :  Yes  No

|                  |   |                      |
|------------------|---|----------------------|
| Gross Revenue    | : | <input type="text"/> |
| Cost of Goods    | : | <input type="text"/> |
| Other Expense    | : | <input type="text"/> |
| Net Income       | : | <input type="text"/> |
| <u>Add Backs</u> |   |                      |
| Owner Salary     | : | <input type="text"/> |
| Benefits         | : | <input type="text"/> |
| Interest Exp.    | : | <input type="text"/> |
| Depreciation     | : | <input type="text"/> |
| Other            | : | <input type="text"/> |
| Owner Benefit    | : | <input type="text"/> |

**Period 3 Cash Flow Summary**

Year:

Source:  Tax Return  P/L Statement  Annualized  Owner to Prove  Owner Estimate  
 Proforma  Part Year

Cash Flow W/S :  Yes  No

|                  |   |                      |
|------------------|---|----------------------|
| Gross Revenue    | : | <input type="text"/> |
| Cost of Goods    | : | <input type="text"/> |
| Other Expense    | : | <input type="text"/> |
| Net Income       | : | <input type="text"/> |
| <u>Add Backs</u> |   |                      |
| Owner Salary     | : | <input type="text"/> |
| Benefits         | : | <input type="text"/> |
| Interest Exp.    | : | <input type="text"/> |
| Depreciation     | : | <input type="text"/> |
| Other            | : | <input type="text"/> |
| Owner Benefit    | : | <input type="text"/> |

**LEASE AND PROPERTY INFORMATION**

**Lease Details and Building/Land Description**

Monthly Rent:  Lease Expiration Date:   
Square Footage:   
Building Type:  Terms and Options:

**MINIMUM COMMISSION FEE AND COMMISSION RATE**

Minimum Fee:  Commission Rate Code:

**LISTING STATUS INFORMATION**

Expiration Date:

Please input EXPIRATION DATE in form MM/DD/YYYY or MM/DD/YY.

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