

NEWBRIDGE GROUP

Merger & Acquisition Consultants

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FUNERAL HOME BUYER PROFILE **GENERAL INTEREST**

This information is required of all potential buyers before receiving information on any funeral homes that we represent. This information will be kept strictly confidential and is used only for purpose of the possible funeral home acquisition.

Name _____ Date _____

Age _____

Address _____

City, State, Zip _____

Daytime Phone () _____ - _____ Evening Phone() _____ - _____

E-mail _____

Contact person at NewBridge to whom you've spoken _____

In what states would you be interested in owning a funeral home? _____

How much cash can you easily put toward the purchase (without selling something)?
Please list the specific actual dollars you have available to invest.

List funds you will invest \$ _____, _____ . 00

Please describe in detail how you would plan to finance the purchase of a funeral home?
We may be able to help but need to know your initial thoughts on financing.

Describe the business that would be the best fit for you. In terms of size, location, type of calls, facility, etc.

The majority of families served by the Funeral Home desired to be acquired are:

- Caucasian – Protestant
- Caucasian – Catholic
- African American
- Jewish
- Asian
- Other - _____

Describe your personal operating style or plans. What changes or additions would you make if you were to own your own business? What opportunities do you feel are being overlooked by some owners, etc. Anything else that will be helpful to us as we describe you to a potential seller?

How will you be involved in the operations of the business that you plan on purchasing?

Briefly describe your Funeral Industry Experience? _____

Do you currently own or have ever owned a funeral home or cemetery? Y____ N____
If yes, please briefly describe:_____

Have you ever filed for personal bankruptcy? Y ____ N ____

If yes, please briefly describe:_____

What is your estimated personal Credit Score (if known)? _____

If you are a licensed funeral director, how long have you had this license? -

In what states are you fully licensed to perform funerals? _____

Have you ever had any disciplinary action taken against you by a state funeral board?

Please provide details if necessary. _____

When would you like to complete the purchase? _____

Please describe your current occupation or position and responsibilities?

How did you hear about us? _____

Please list any firms that you think may be considering a sale. Then we can discuss how best to get in contact with these firms for a potential purchase.

<u>Funeral Home</u>	<u>Owner</u>	<u>Calls</u>	<u>City, State</u>	<u>Spoken with? (Y,N)</u>
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1. _____

2. _____

3. _____

4. _____

5. _____

The undersigned acknowledges that he or she has provided this information to the best of his or her ability and that all information is true and accurate to the best of his or her knowledge.

Signature _____

Date _____

Upon completion of this form please fax to (404) 317-2654.

****This information will be kept entirely confidential.**