

BUYER/INVESTOR INFORMATION

Fax Completed Form То 713-490-9052

DATE:	BROKER:		
NAME:			
COMPANY:			
MAILING ADDRESS:			
CITY:	STATE:	ZIP:	
BUS. PHONE:	HOME PHONE: _		FAX:
CELL: E-MAII			
WORK EXPERIENCE:			
EDUCATION:			
MARRIED			
NAME OF SPOUSE:	s	POUSE OCCUPA	TION:
SPOUSE EDUCATION:			
CHILDREN:			
WILL YOUR SPOUSE OR OTHER FAMIL	LY MEMBERS WOF	RK IN THE BUSINE	ESS?
WHO WILL MANAGE THE BUSINESS?			
RANGE OF PERSONAL FUNDS TO INV			
SOURCE OF FUNDS:			
1. HAVE YOU EVER OBTAINED PREVI	OUS GOVERNMEN	T FINANCING?	
2. HAVE YOU EVER DECLARED BANK	RUPTCY?		
3. ARE YOU A PARTY TO A LAWSUIT?	·		
4. ARE THERE ANY OUTSTANDING JU	IDGMENTS AGAINS	ST YOU?	
BUSINESS PARTNER NAME:			
ADDRESS:			Phone:
TYPE OF BUSINESS: RETAIL _			
MANUFAC	TURING/DISTRIBUT	ΓΙΟΝ FRANC	CHISEREAL ESTATE
GEOGRAPHIC PREFERENCE:			
MINIMUM INCOME REQUIREMENT:			
OTHER REQUIREMENTS:			
_	INTERNET	EMAIL MARKI	

REVISED: 01/10