



CORPORATE BUYER ACQUISITION CRITERIA ENROLLMENT

A proper match of business and buyer is one of the keys to success in the purchase of a business. To assist Robbinex Inc. ("Robbinex") in determining a suitable business acquisition for your company, we require some financial information and your criteria. This information is also added to our Buyer Database to ensure that all new acquisition opportunities fitting your criteria are brought to your attention.

CORPORATE INFORMATION:

Company Name	Where did you hear about Robbinex?
Contact Name	E-mail Address
Alternate Contact (Partner / Assistant)	E-mail Address
Address	City/Prov/State
	Postal/Zip Code
Office Phone	Office Fax
Cell Phone/Other Number	Web Site Address

INVESTMENT INFORMATION:

Investment Level	(Range and/or Maximum)	\$	to	\$	Max
Cash Available to Invest \$	Institution Name (Location of Funds)	Name and Phone of person to verify funds:			
Other Equity Available to Invest \$	Institution Name (Location)	Name and Phone of person to verify funds:			

ACQUISITION REQUIRMENTS:

Revenue Requirements	Min \$	to	\$	Max	
EBITDA Requirements	Min \$	to	\$	Max	
Type of Business Preferred:					
Type of Industry Preferred					
Is Timing Critical? If yes, why?					
Goal of the Acquisition: (Circle where appropriate)					
Expand Market	Expand Customers	Grow Revenues	New Distribution	Increase Plant Capacity	Buyout Competitor
New Production Technology	Purchase New Technology	Increase Production Capacity	Other:		

NOTHING IN THIS ACQUISITION CRITERIA ENROLLMENT IS INTENDED TO CREATE OR BE CONSTRUED AS CREATING A PRINCIPAL AGENT RELATIONSHIP BETWEEN ROBBINEX AND YOU. YOU AGREE AND ACKNOWLEDGE THAT ROBBINEX'S SOLE UNDERTAKING IS TO TRY TO PROVIDE CERTAIN INFORMATION TO YOU. YOU WILL ENGAGE SUCH PROFESSIONAL ADVISORS AS YOU DEEM NECESSARY AND APPROPRIATE IN CONNECTION WITH A POTENTIAL ACQUISITION AND YOU CONFIRM THAT YOU HAVE NOT ENGAGED ROBBINEX TO PROVIDE ANY SUCH ADVICE TO YOU.

ACQUISITION EXPERIENCE:

How long have you been looking for an acquisition?		Preferred Geographic Location:
Has your company ever acquired another business or business unit?	YES / NO	Dates and Details:
Have you ever divested a segment of your business?	YES / NO	Dates and Details:
Have you worked with an intermediary?	YES / NO	Dates and Details:
Do you have Established Corporate Criteria for Acquisitions? (Please attach separate document if necessary)		
What is Unique about your Acquisition Process?		

ACQUISITION TEAM

Members of the Acquisition Team:			
Name	Position/Title	Responsibility	Contact Information (e-mail address/phone number)
	Attorney Information		
	Accountant Information		

INDUSTRY STRENGTHS

Check where appropriate

MANUFACTURING	
WHOLESALE	
HOSPITALITY	
TRANSPORTATION	
RETAIL	
SERVICE	
OTHER:	

FUNCTIONAL AREA STRENGTHS

Check box where appropriate

SALES	
MARKETING	
DISTRIBUTION	
FINANCE	
ACCOUNTING	
INFORMATION TECNOLOGY (IT)	
PRODUCTION	
PERSONNEL	
ENGINEERING	
OTHER:	

Company Signing Authority: _____ Date: _____

Please Print Name & Title: _____