

Business Note Quote Sheet

Please fill in as completely as possible. If information is unavailable, answer NA. If writing answers, please print as clearly as possible.

Please fill in as completely as possible.

Submitted by

Name _____

Phone _____ Fax _____

Date _____ Email _____

Business Information

Type of Business _____ How long in business? _____

Asset Value Breakdown: Equipment _____ Inventory _____ Goodwill _____

Is the operation a Franchise? Yes No Is the note personally guaranteed? Yes No

Is the business location leased? Yes No

Street address of Business _____

City _____ State _____ Zip _____

Note Information

Selling Price of Business _____ Down Payment _____

Original Note Balance _____ Months Financed _____

Interest Rate on Note _____ Date of First Payment _____

Monthly Payment Amount _____ Number of Payments Remaining _____

Balloon Payment Yes No Current Balance on Note _____

Credit of Payer

Excellent Good Marginal Bad Unknown

NoteInvestors Network