

Name of Business:

Phone:

Address of Business:

Asking Price:

Financing

Income

Gross Sales:

Other Income:

Total Income

Expenses

Cost of Goods Sold:

Rent:

CAM:

Real Estate Tax:

Payroll:

Payroll Taxes:

Gas:

Electric:

Cable:

Phone:

Water:

Insurance:

Accounting:

Trash:

Repair:

Misc:

Total Expenses

Total Cash Flow

Number of Employees:

___ f/t + ___ p/t

Days & Hours:

___ days a week from ___ am – ___pm

Lease Terms: