

# SELLER REGISTRATION

## Confidential Contact Information

First Name\* \_\_\_\_\_ Last Name\* \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State/Prov. \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone\* \_\_\_\_\_ Email\* \_\_\_\_\_ Fax \_\_\_\_\_

Company Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State/Prov. \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Email\* \_\_\_\_\_ Fax \_\_\_\_\_

Company Description \_\_\_\_\_

Annual Sales \$ \_\_\_\_\_

Real Estate  \_\_\_\_\_ Owned  \_\_\_\_\_ Leased

### **Services Desired:\***

\_\_\_\_\_ Sale or Merger

\_\_\_\_\_ Business Valuation

\_\_\_\_\_ Machinery & Equipment Appraisal

\_\_\_\_\_ Consulting

\*Required Fields