

Business Name: _____

Completed By: _____

All Saleability answers must be provided to receive an accurate score.

Business Factors

Does the city within which your business is located have a population under 30,000?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your business operate primarily in the retail, food services, or hospitality industries?	<input type="checkbox"/> Yes <input type="checkbox"/> No
What is the largest annual revenue number you have achieved at any point in your company's history?	<input type="checkbox"/> Yes <input type="checkbox"/> No
In your opinion, what would be the highest revenue number your business could achieve in the next 2 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Over the next two years, what do you believe is the most (single year) net income the business can generate?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did the business lose money in the most recent fiscal year?	<input type="checkbox"/> Yes <input type="checkbox"/> No

What percentage of your business's total revenue resides in the following:

What percentage of your total revenue is produced by existing shareholders (e.g. customer relationships that belong to shareholders)?	% _____
What percentage of your total annual revenue comes from your largest single customer?	% _____

What percentage of your total annual revenue comes from your top 5 customers?	% _____
What percentage of your total annual revenue is associated with repeat customers?	% _____
What percentage of your total annual revenue is concentrated within your busiest 3 month period of the year?	% _____

Business Operations

<p>What areas of the business are you directly involved with?</p> <p>[Choose all that apply]</p>	<p><input type="checkbox"/> The organization (select if any day-to-day involvement with the business)</p> <p><input type="checkbox"/> Accounting & Finance</p> <p><input type="checkbox"/> Human Resources</p> <p><input type="checkbox"/> Marketing</p> <p><input type="checkbox"/> Operations</p> <p><input type="checkbox"/> Sales</p>
How many people do you have working exclusively in the following areas?	<p>#___ The organization (total number of employees)</p> <p>#___ Accounting & Finance</p> <p>#___ Human Resources</p> <p>#___ Marketing</p> <p>#___ Operations</p> <p>#___ Sales</p>
Are there any outstanding legal issues associated with the business in any way?	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>