

Business Broker Client Statement



Illinois Secretary of State Securities Department

421 E. Capitol Ave., 2nd Floor
Springfield, IL 62701 • 217-782-2256

69 W. Washington St., Ste. 1220
Chicago, IL 60602 • 312-793-3384
800-628-7937

**By completing this statement you will be assisting the Illinois Securities Department with the inquiry of a Business Broker.
The information received will enable the Securities Department to conduct a more accurate inquiry.**

CLIENT INFORMATION:

Name: _____ Age: _____

Address: _____

City: _____ State: _____ ZIP: _____

Home Telephone Number: _____ Work Telephone Number: _____

Please indicate the most convenient day to be contacted:

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday

Please indicate the most convenient time and place to be contacted:

- Work (indicate time): _____
- Home (indicate time): _____

Please indicate how you signed a contract with the Business Broker:

- as an individual
- in the name of a company
 - Partnership
 - Corporation
 - Limited Liability Company
 - Other _____

If an individual, do you have a net worth of more than \$1 million or income of more than \$200,000 including your spouse?

- Yes
- No

If a company, does it have an asset value of more than \$1 million or gross revenues of more than \$200,000 or is it 90 percent owned by persons with assets of more than \$1 million or income or gross revenues of more than \$200,000?

- Yes
- No

INQUIRY REFERENCE TO:

Name of Business Broker: _____

Address: _____

City: _____ State: _____ ZIP: _____

Telephone Number: _____ Email/Internet Address: _____

Name, Title/Position (if known), Address, Telephone Number and Email/Internet address (if known) of person you dealt with: _____

TRANSACTION INFORMATION:

Describe how you contacted or were contacted by the Business Broker: _____

Did you sign a contract for the Business Broker's services?

- Yes (indicate date you signed the contract): _____
- No

Did you have the contract reviewed by an attorney before signing?

- Yes (indicate name and address of attorney): _____
- No

Did the Business Broker provide you a written description of the services to be performed, the circumstances under which the Business Broker would be entitled to keep or receive a fee, and the business history of the business broker?

- Yes (indicate when this was provided to you): _____
- No

MISCELLANEOUS:

Have you filed an inquiry or complaint with the Business Broker, the Better Business Bureau or any other person or governmental agency?

- Yes
- No

If yes, indicate Name, Address and Telephone Number of Person or Agency, and Date: _____

What, if any, action has been taken? _____

Have you obtained private legal counsel?

- Yes
- No

If yes, indicate Name, Business Address and Telephone Number of Attorney: _____

ATTACH COPIES OF ANY DOCUMENTS REGARDING THIS MATTER. (Include the front and back of all canceled checks or other evidences of payment of the Business Broker's fee.)

Are you willing to be interviewed by a Securities Department investigator?

- Yes
- No

Are you willing to testify if formal proceedings are commenced?

- Yes
- No

DESCRIBE IN DETAIL ANY OTHER INFORMATION THAT MAY HELP THE SECURITIES DEPARTMENT UNDERSTAND THE AGREEMENT AND ANY DISCUSSION BETWEEN YOU AND THE BUSINESS BROKER. IF MORE SPACE IS NEEDED, PLEASE ATTACH ADDITIONAL SHEETS:

Signature of Borrower

Date