

## Confidential Buyer's Profile



1. **Name** \_\_\_\_\_
2. **Address** \_\_\_\_\_
3. **City, State, Zip** \_\_\_\_\_
4. **Phone Number** \_\_\_\_\_
5. **Home Phone Number** \_\_\_\_\_
6. **Cell Phone Number** \_\_\_\_\_ **E-mail** \_\_\_\_\_
7. **NCPA Membership Number (if applicable)** \_\_\_\_\_
8. **School of Pharmacy, name and year of graduation**  
\_\_\_\_\_
9. **Current place of employment**  
\_\_\_\_\_
10. **Previous employers/Job responsibilities**  
\_\_\_\_\_
11. **Desired location (by state, by county, by town, please be specific)**  
\_\_\_\_\_
12. **Type and size of store desired (Clinic/apothecary, full line professional, full line general merchandise, other)**  
\_\_\_\_\_
13. **Current web listings of interest**  
\_\_\_\_\_
14. **Available Investment Capital** \_\_\_\_\_
15. **Desired timing** \_\_\_\_\_
16. **Name(s) and addresses of advisor (accountant, attorney)**  
\_\_\_\_\_  
\_\_\_\_\_
17. **I am interested in receiving e-mails jointly along with other buyers regarding new listings that you may post on your web site from time to time.**  
 **Yes**       **No**