

Confidential Seller's Profile

If you would like a confidential preliminary evaluation of your store, without any obligation and without revealing the store name and location, fill out this form without the contact information requested and either fax or e-mail it to us. We will return it to you by the same manner in which we receive it, fax or e-mail.

1. Store name, address, phone number, owner's name, home phone number & cell number
(Phone numbers and owner's name required, other information is optional.)

2. Fax Number and E-mail (one required) _____

3. Seller's name (Optional) _____

4. Type of location (urban, suburban, rural, shopping center, stand alone, clinic)

5. State of location _____

6. Competitors (how many and what kind, chains, independents, distance from store)

7. NCPA Membership Number (if applicable) _____

8. Store hours _____

9. Store size, selling area, storage areas _____

10. Staff (pharmacists, technicians, other, any specialty personnel (surgical fitters, etc.))

11. Premises (owned or leased, if leased, remaining term in years, base monthly rental, additional rent, taxes, etc., renewal options if any)

12. Sales volume for the past three years, gross and net margins if available

13. Prescription volume (daily Rx count -weekdays and weekends, Rx breakdown, third party vs. cash)

14. Sales mix (Rx vs. OTC, any special categories, surgicals, cards and gifts, etc.)

15. Value of inventory and date of most recent physical inventory taken

16. Reason for proposed sale and desired timing
