



CONFIDENTIALITY & AGENCY DISCLOSURE

1) AS A PROSPECTIVE BUYER I HEREBY CERTIFY THAT I AM NOT NOW NOR HAVE I EVER BEEN, AN EMPLOYEE OF THE INTERNAL REVENUE SERVICE OR ANY OTHER TAX COLLECTING AUTHORITY.

2) IF I AM A BROKER AND/OR THE AGENT, I AGREE THAT I HAVE BEEN RETAINED BY THE BUYER OF A CLINIC. I AM OBTAINING A PASSWORD AND/OR ADDITIONAL INFORMATION FOR THE SPECIFIC PURPOSE OF DUE-DILIGENCE ONLY.

3) I HEREBY AGREE TO KEEP TOTALLY CONFIDENTIAL ALL FACTS, FIGURES AND NAME(S) ASSOCIATED WITH ALL CLINICS LISTED WITH S.G.READER & ASSOCIATES, INC.

4) I FURTHER AGREE NOT TO CONTACT THE DOCTOR/OWNER AND/OR STAFF OF SAID BUSINESS WITHOUT THE CONSENT OF S.G.READER & ASSOCIATES, INC.

5) BUYER IS AWARE THAT THIS IS NOT A REAL ESTATE TRANSACTION. IT IS THE SALE OF A BUSINESS.

6) SHOULD I DECIDE NOT TO PURCHASE THIS BUSINESS I WILL RETURN AND /OR DESTROY ALL INFORMATION GIVEN TO ME BY S.G. READER AND ASSOCIATES, INC. AND /OR SELLER PERTAINING TO THE BUSINESS.

7) I HAVE BEEN TOLD THAT S.G. READER AND ASSOCIATES, INC. WORKS FOR THE SELLER AND THAT I SHOULD SEEK LEGAL ADVICE PRIOR TO PROCEEDING WITH AN AGREEMENT OF SALE .

8) BUYER IS AWARE THAT THE SELLER HAS SUPPLIED THE INFORMATION TO S.G.READER & ASSOCIATES, INC. SHOWN ON THE CONFIDENTIALITY FORM AND /OR COMPLETE PRACTICE PROFILE AND ALL OTHER INFORMATION THAT WILL BE SUPPLIED FOR FURTHER DUE DILIGENCE BY THE BUYER. BUYER IS AWARE THAT S.G.READER & ASSOCIATES, INC. HAS NOT INVESTIGATED ANY OF THE FACTS PROVIDED BY THE SELLER. S.G.READER & ASSOCIATES, INC. SUGGEST BUYER RETAIN ATTORNEY, ACCOUNTANT OR ANY OTHER ADVISOR TO VERIFY ALL OF THE INFORMATION SUPPLIED BY THE SELLER.

9) BUYER WILL HOLD S.G.READER & ASSOCIATES, INC. HARMLESS PERTAINING TO ANY AND ALL CLINIC INFORMATION BEING PRESENTED, BE IT ACCURATE AND /OR INACCURATE. BUYER AND /OR HIS/HER COUNSEL ASSUMES ALL RESPONSIBILITY.

10) BUYER ACKNOWLEDGES READING , UNDERSTANDING AND RECEIVING A TRUE COPY OF THIS DOCUMENT

PLEASE CHECK YOUR PROFESSION _____ D.C. _____ P.T. _____ M.D. _____ D.D.S. _____ D.V.M. _____ D.P.M. OTHER (SPECIFY) _____

PROSPECTIVE BUYER (PRINT NAME) DATE

ADDRESS CITY STATE ZIP CODE

HOME PHONE CELL PHONE BUSINESS PHONE

*E-MAIL _____
(MAKE CLEAR WE WILL EMAIL YOU PASSWORD!)

SIGNATURE FAX NUMBER

**To obtain a password – complete document, email or scan entire document to sgrincandassoc@gmail.com
Make sure to list email so we can send you the password to access the confidential profile. Please use black ink if scanning.**