

CONTACT

-  928-275-1326
-  SGRINCANDASSOC@GMAIL.COM
-  WWW.SAMREADER.COM
-  P.O.BOX 1020 CAREFREE, AZ 85377

CONFIDENTIALITY & AGENCY DISCLOSURE

- 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.
- 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.
- I HEREBY AGREE TO KEEP TOTALLY CONFIDENTIAL ALL FACTS, FIGURES AND NAME(S) ASSOCIATED WITH ALL CLINICS LISTED WITH S.G.READER & ASSOCIATES, INC.
- I FURTHER AGREE NOT TO CONTACT THE DOCTOR/OWNER AND/OR STAFF OF SAID BUSINESS WITHOUT THE CONSENT OF S.G.READER & ASSOCIATES, INC.
- BUYER IS AWARE THAT THIS IS NOT A REAL ESTATE TRANSACTION. IT IS THE SALE OF A BUSINESS.
- 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.
- 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 .
- 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.
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- BUYER ACKNOWLEDGES READING , UNDERSTANDING AND RECEIVING A TRUE COPY OF THIS DOCUMENT

<input type="text"/>	<input type="text"/>
PROSPECTIVE BUYER (NAME)	CELL NUMBER
<input type="checkbox"/> DC <input type="checkbox"/> LAC <input type="checkbox"/> NMD <input type="checkbox"/> PT <input type="checkbox"/> DOM <input type="checkbox"/> MD <input type="checkbox"/> OTHER (PLEASE SPECIFY)	<input type="text"/>
E-MAIL	OFFICE NUMBER
<input type="text"/>	<input type="text"/>
ADDRESS	CITY
<input type="text"/>	<input type="text"/>
<input type="text"/>	STATE
<input type="text"/>	ZIP
<input type="text"/>	<input type="text"/>
SIGNATURE	DATE