



Prospective Buyer Registration Form

Please complete this form and fax to 800-874-4532

All information submitted will remain strictly CONFIDENTIAL

NAME: _____

TITLE: _____

COMPANY: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

DAYTIME TELPHONE: _____ FAX: _____

EMAIL ADDRESS: _____ WEB SITE: _____

IF OWNER:

Number of Partners: _____ Gross: _____ Established: _____ Number of Employees: _____

GEOGRAPHICAL PREFERENCES:

State: _____ Region: _____

FUNDS AVAILABLE: under \$50K \$50K - \$100K \$100K - \$250K over \$250K

CERTIFICATIONS/DESIGNATIONS: CPA EA CFP LTC Attorney Other _____

WHERE DID YOU GO TO COLLEGE? _____

WHAT DEGREE(S) DID YOU ACHIEVE? _____

HAVE YOU EVER PURCHASED A PRACTICE BEFORE? Yes No

ADDITIONAL INFORMATION:

Thank you for completing the first step in registering as a prospective buyer with ProHorizons. Please download and print out the Prospective Buyer Agreement from www.prohorizons.com, complete it and fax to us to complete the registration process. A signed Buyer Agreement is required before we will release any confidential information regarding the practices we represent.

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ProHorizons Network, Inc. has affiliated offices nationwide.