



Buyers Confidentiality Agreement

I understand that Pearl Transitions and the sellers it represents will be furnishing me confidential information about the sellers and their practices. In consideration of obtaining this proprietary information, I agree:

- 1) All the information furnished to me by Pearl Transitions or the sellers will be strictly confidential.
- 2) Unless Pearl Transitions and the sellers agree otherwise in writing, I will not disclose or reveal any proprietary information for five years from this date to any person(s) or entities(s) other than my employees or representatives who
- 3) are directly participating in the evaluation of this information in connection with a proposed acquisition.

If I decide that I do not wish to pursue the proposed acquisition, I will advise Pearl Transitions of this fact and return to Pearl Transitions all information furnished to me without retaining copies.

- 4) Although I understand that Pearl Transitions and the sellers have presented information which I consider to be relevant for the purpose of my investigation, I understand that Pearl Transitions does not make representation or warranty as to its accuracy or completeness.

Agreement Regarding Seller Guarantees

I further acknowledge that I have read this agreement and understand the policy of Pearl Transitions regarding seller guarantees, contingent pricing and earn-out offers.

- 1) What is your current status: Sole Owner Partner Associate Student Other _____
- 2) Do you foresee any obstacles in obtaining financing to purchase a practice? No Yes
- 3) Are you currently pre-qualified with a financial institution? No Yes
- 4) Would you like financing assistance? No Yes
- 5) Tell us why you are requesting this practice profile?
 Aggressively Looking Passively Looking Market Research/Comparison Curiosity

Name _____ Phone () _____

Email: _____

Practice(s) you are inquiring about _____

Signature _____ Date _____