Confidential Auto Body Questionnaire



After completing the questionnaire; save the file as a new name and send it as an email attachment to DonKrause@StrategicBusinessBrokerage.com or print & fax to: 630-283-1910 Questions: 630-235-6303

Date:		Seller's Name:						
Seller's Email:	Seller's Email:			Seller's Mobile #:				
Business Name:	:							
Address:								
City/ST/Zip:								
County:		Cross Streets						
Days/Hrs of Ope		Year Est. C		Own/lease	Sq Ft:			
Spray Booth(s	s) Number:	Size:	Size: Model:					
	Age	Draft ((down, semi	down, cr	oss)			
# Guns: Paint	s: Paint Supplier:		Recycling Paint/Thinner		Guns Cleaning Equip.:			
# Prep Stations:	# Frame N	lachines:	3D Measuring Equipment:					
Type of Compresso		Type of Welding Equipment:						
Lease Term:		Lease Options:						
Monthly Rent Insurance:		e:	CAM:					
Utilities:		Taxes:						
Weekly Car Count: Customer Mix		er Mix %: Re	etail:	DRP:	Fleet:	Other Ins.:		
Revenue Mix %:	Bodywork	Paint	Parts		Other:			

List Key Customers: # of Employees:

GM Name:

Billing Labor Rates Specify:

Cash Flow: Gross Income: Value of FF&E: Value of Inventory:

Broker Name:

Comments:

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