

Business Breakdown Form -

|  |  |  |  |
| --- | --- | --- | --- |
| Company Name |  | Revenue |  |
| Owner Name |  | EBITDA |  |
| Website Address |  | # of Employees |  |
| Phone Number |  | Industry (NAICS) |  |

## Why are you contacting Affect Capital?

|  |  |
| --- | --- |
|  |  |

## What separates your company from the rest of the market?

|  |  |
| --- | --- |
|  |  |

## What are your expectations for next steps?

|  |  |
| --- | --- |
|  |  |

## Why do you want to sell your company?

|  |  |
| --- | --- |
|  |  |

## Please provide any additional information about the business here.

|  |  |
| --- | --- |
|  |  |

Please note all information provided is owned by Affect Capital while holding no liability of confidentiality. Please contact our team directly if an NDA is needed to provide the above information.