

Write The Name of Your Business Below:

Step 3 of 5: Matching Your Skills & Experience With Available Businesses

Complete and save a copy of this form. As you complete subsequent steps in the process, keep copies of your answers for review with your business broker. For each item listed below, please score yourself:

	Disagree		Agree	
Your educational background has prepared you for business ownership.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your professional / work background has prepared you for business ownership.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You have worked in a small business before.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A home based business could be a good fit for you.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You would consider purchasing a new franchise,	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You would consider purchasing an established franchise resale opportunity.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You would only consider buying a business in an industry you have worked in.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You would consider a retail operation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You would consider a manufacturing business	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You would consider a service business.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
What is your industry experience?	_____			
Are there any industries you would not consider owning?	_____			
What are some tasks you know how to do but prefer to delegate?	_____			
What are some tasks you do not know how to do and would need support?	_____			
How many hours per week do you see yourself working?	_____			

Notes:

Note: Now that you have completed Step Three in this Buyers Self-Assessment Process, please retain a copy of this form. When you have fully completed Step Three, please proceed to Step Four. Should you have questions along the way, please complete a form on our website to request a consultation, or contact us in complete confidence at 520-327-4454 or at info@allenandyoung.com.