

# Prospective Practice Buyer - Registration Form



Please complete this form and fax to (03) 9824 5359

All information submitted will remain **STRICTLY CONFIDENTIAL**

**BUYER DETAILS:**

DATE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Contact Person: \_\_\_\_\_

Firm Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ Postcode: \_\_\_\_\_

Daytime Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email Address: \_\_\_\_\_ Mobile: \_\_\_\_\_

**IF CURRENT PRACTICE OWNER:**

Gross \$: \_\_\_\_\_ Number of Partners: \_\_\_\_\_ Established: \_\_\_\_\_ No of Employees: \_\_\_\_\_

**PRACTICE PREFERENCES:**

Preferred Areas: \_\_\_\_\_

Fee Range You Want To Acquire: \$\_\_\_\_\_ to \$\_\_\_\_\_

Do You Have Finance In Place? Please Circle YES NO

Certifications Please Circle CPA CA NIA Other \_\_\_\_\_

Have You Purchased a Practice Before? Please Circle YES NO

General Ledger Program in Use: \_\_\_\_\_

**REASON FOR BUYING**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Thank you for completing the first step in registering as a prospective buyer. Please download and print out the P.J. Camm & Associates Prospective Buyers Agreement and Confidentiality Agreement from [www.pjcamm.com.au](http://www.pjcamm.com.au).

Upon completion fax it to us to complete the registration process. Note that a signed Buyer Agreement is required before we will release any confidential information regarding the practices we represent.

**P.J. Camm & Associates**  
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