Investment Input Questionnaire

Katz Capital Group

283 Second Street Pike, Suite 150
Southampton, PA 18966
(215)364-0400 Tel
(215)364-5025 Fax

Please fill out the information on this page and mail it along with your business plan to the address above. If you have questions please contact Brian Siegel.

Company Name: _____

Contact Person:

Name: _____

Address: _____

City: _____ State: _____

ZIP: _____ Phone: _____ - _____

Your business or industry: _____

Simple Description of desired relationship: _____

_____

_____

_____

_____

_____

Proposed Investment:

Amount: _____

Form: _____

Ownership %Potential: _____

Timing: _____

Exit Strategy : _____

_____

_____

_____

_____

Future Potential: _____

_____

_____

Management Evaluation: _____

_____

_____

Franchise opportunities: Yes ____ No ____

Please use reverse side to describe other considerations.