ABC Services Group, Inc.

DUE DILIGENCE

Please fill out all that’s applicable as much as possible. If there’s too much information for a form, feel free to provide in another manner.

|  |
| --- |
| COMPANY INFORMATION |
| Business Address: |   |
| State of Incorporation: |   | Date of Incorporation: |   |
| Corporate Form: |  i.e. LLC, Corp, LLP etc.  | Business Phone: |   |
| Website: |   | Number of Employees: |   |
| List all DBAs or Fictitious Business Names: |   |
| **FINANCIAL INFORMATION** |  |
| Revenue Last Year: |   | Assets: |   |
| Debt: |   | Cash Balance: |   |
| Balance Cash Equivalents: |   | Refunds (tax, ins, etc.): |   |
| Accounts Receivable Balance: |   | Value of Work in Process: |   |
| Inventory Value: |   | FFE Value:  |   |
| **LOCATIONS** |
| Address of Primary Location (f different)City, State, Zip |   |
| List any additional locations and addresses. |   |
| **PREMISES** |
| Landlord Name and Address: |   |
| Monthly Lease Payment |   | Current on Lease? |[ ]
| SQ footage (approx.) |   | Subtenants: |[ ]
| **PAYROLL** |
| PAYROLL COMPANY: |   | PAYROLL CONTACT NAME: |   |
| PAYROLL ACCOUNT NUMBER/ID |   | AMOUNT OF LAST PAYROLL: |   |
| DATE OF LAST PAYROLL |   | PAID THROUGH: |   |

|  |
| --- |
| BANK ACCOUNTS |
| INSTITUTION: | TYPE: | ACCOUNT NO: | BALANCE: |
|   |   |   |   |
| INSTITUTION: | TYPE: | ACCOUNT NO: | BALANCE: |
|   |   |   |   |
| INSTITUTION: | TYPE: | ACCOUNT NO: | BALANCE: |
|   |   |   |   |
| **ASSET DETAIL** |
| REAL ESTATE OWNED? |[ ]  IF YES, LIST LOCATION: |   |
| SUBSIDIARIES OR INVESTMENTS? |[ ]  IF YES, PLEASE PROVIDE DETAIL: |   |
| **IP** |
| TRADEMARKS (LICENSED): |   | LICENSE/REGISTRATION NO: |   |
| PATENTs (describe) |   | PATENT NO: |   |
|  |  | EXPIRY: |   |
| LICENSES/CONTRACTS FOR IP: |   |
| LIFE INSURANCE: |   |
| DOMAINS OWNED: |   |
| OTHER INTANGIBLES:  |   |
| **DEBT DETAIL** |
| SENIOR SECURED: |   | BALANCE OWED |   |
| OTHER SECURED; |   | BALANCE: |   |
| TRADE PAYABLES OWED (AMOUNT): |   | AMOUNT DUE EMPLOYEES: |   |
| FED TAXES OWED: |   | STATE TAXES OWED: |   |
| SALES TAXES OWED: |   | OTHER TAX OWED: |   |
| LAWSUITS (ANY SUITS IN ACTIVE LITIGATION?) |   | CASE NO: |   |
| ADDITIONAL SUITS(LIST CASE NO) |   |
| **UTILITIES** |
| ELECTRIC COMPANY | `  | AVG MONTHLY PAYMENT: |   |
| ACCOUNT NO: |   | AMOUNT BEHIND: |   |
| GAS CO: |   | AVG MONTHLY PAYMENT: |   |
| ACCOUNT NO. |   | AMOUNT BEHIND: |   |
| INTERNET SERVICE PROVIDER: |   | AVG MONTHLY PAYMENT: |   |
| ACCOUNT NO. |   | AMOUNT BEHIND: |   |
| TELEPHONE COMPANY: |   | AVG MONTHLY: |   |
| ACCOUNT NO: |   | AMOUNT BEHIND: |   |
| ALARM COMPANY: |   | AVG MONTHLY PAYMENT: |   |
| ACCOUNT NO: |   | AMOUNT BEHIND: |   |
| PASSCODE: |   |  |   |
| OTHER SOFTWARE SUBSCRIPTIONS OR PLATFORMS: |   |
| **LEASES AND CUSTOMER ITEMS** |
| LEASING CO. |   | BALANCE OWED: |   |
| LIST ITEMS: |   |
| LEASING CO. |   | BALANCE OWED: |   |
| LIST ITEMS: |   |
| **CUSTOMER DEPOSITS (LIST ALL AND EXPLANATIONS)** |
|   |
| DISCLOSURE INFORMATION (CLICK IF APPLICABLE) |
| DO YOU POSSESS ANY PERSONALLY IDENTIFIABLE CUSTOMER INFORMATION?  |[ ]  HAVE YOU TRANSFERRED ANY PROPERTY OVER $7,500 THE LAST 90 DAYS? |[ ]
| HAVE YOU PAID ANY DIRECTORS OFFICERS OR INSIDERS ANY PREFERENTIALA PAYMENTS IN THE LAST YEAR? |[x]  ANY STORAGE FACILITIES? |[ ]
| LIST ALL ADMINS FOR IT NETWORK: |   |
| DO YOU HAVE THE RIGHT OR ARE YOU CURRENTLY THE PLAINTIFF IN A LAWSUIT? |[ ]  DO YOU HAVE ANY HAZARDOUS MATERIAL AT YOUR LOCATION? |[ ]