



## CORPORATE ACQUISITION CRITERIA

### ALL INFORMATION PROVIDED WILL REMAIN CONFIDENTIAL

(Please complete both forms and fax to JPMongrain at 416.981.7205)

#### Corporate Information:

|                         |                     |
|-------------------------|---------------------|
| Company Name:           |                     |
| Contact Name:           |                     |
| Email:                  |                     |
| Alternate Contact Name: |                     |
| Email:                  |                     |
| Address:                |                     |
| Phone (Office):         | Fax:                |
| Phone (Mobile):         | Alternate's Mobile: |
| Website Address: www.   |                     |

#### Investment Information:

|  |       |
|--|-------|
| What is your investment range? \$          | to \$ |
| How much cash is available to invest? \$   |       |
| How much equity is available to invest? \$ |       |

#### Acquisition Criteria:

|                                  |
|----------------------------------|
| Type of business preferred:      |
| Type of industry preferred?      |
| Is timing critical? If yes, why? |

**Acquisition Objectives:** (Please check where appropriate)

|                           |                          |                              |                          |
|---------------------------|--------------------------|------------------------------|--------------------------|
| Expand Market             | <input type="checkbox"/> | New Distribution             | <input type="checkbox"/> |
| Expand Customer Base      | <input type="checkbox"/> | Increase Plant Capacity      | <input type="checkbox"/> |
| Grow Revenues             | <input type="checkbox"/> | Increase Production Capacity | <input type="checkbox"/> |
| New Production Technology | <input type="checkbox"/> | Purchase New Technology      | <input type="checkbox"/> |
| Buy Out Competitor        | <input type="checkbox"/> | Other                        | <input type="checkbox"/> |

**Identify Industry Experience/Interest:** (Please check where appropriate)

| <b>Manufacturing:</b>             | Interest                 | Experience               | <b>Transport/Communication:</b> | Interest                 | Experience               |
|-----------------------------------|--------------------------|--------------------------|---------------------------------|--------------------------|--------------------------|
| Food                              | <input type="checkbox"/> | <input type="checkbox"/> | Taxi, Bus, Shuttles             | <input type="checkbox"/> | <input type="checkbox"/> |
| Textile                           | <input type="checkbox"/> | <input type="checkbox"/> | Moving, Storage                 | <input type="checkbox"/> | <input type="checkbox"/> |
| Apparel                           | <input type="checkbox"/> | <input type="checkbox"/> | Transportation Services         | <input type="checkbox"/> | <input type="checkbox"/> |
| Lumber & Wood Products            | <input type="checkbox"/> | <input type="checkbox"/> | Communication                   | <input type="checkbox"/> | <input type="checkbox"/> |
| Furniture                         | <input type="checkbox"/> | <input type="checkbox"/> | Utility Services                | <input type="checkbox"/> | <input type="checkbox"/> |
| Paper                             | <input type="checkbox"/> | <input type="checkbox"/> | <b>Retail:</b>                  |                          |                          |
| Printing & Publishing             | <input type="checkbox"/> | <input type="checkbox"/> | Building, Garden & Hardware     | <input type="checkbox"/> | <input type="checkbox"/> |
| Chemicals                         | <input type="checkbox"/> | <input type="checkbox"/> | General Merchandise             | <input type="checkbox"/> | <input type="checkbox"/> |
| Rubber & Plastic                  | <input type="checkbox"/> | <input type="checkbox"/> | Food Stores                     | <input type="checkbox"/> | <input type="checkbox"/> |
| Stone, Glass, Concrete            | <input type="checkbox"/> | <input type="checkbox"/> | Automotive Dealers              | <input type="checkbox"/> | <input type="checkbox"/> |
| Leather                           | <input type="checkbox"/> | <input type="checkbox"/> | Apparel                         | <input type="checkbox"/> | <input type="checkbox"/> |
| Primary Metal Industries          | <input type="checkbox"/> | <input type="checkbox"/> | Furniture                       | <input type="checkbox"/> | <input type="checkbox"/> |
| Fabricated Metal                  | <input type="checkbox"/> | <input type="checkbox"/> | <b>Service:</b>                 |                          |                          |
| Machinery                         | <input type="checkbox"/> | <input type="checkbox"/> | Trade Contractors               | <input type="checkbox"/> | <input type="checkbox"/> |
| Electronic                        | <input type="checkbox"/> | <input type="checkbox"/> | Building Construction           | <input type="checkbox"/> | <input type="checkbox"/> |
| Transportation Equipment          | <input type="checkbox"/> | <input type="checkbox"/> | Finance, Insurance, Real Estate | <input type="checkbox"/> | <input type="checkbox"/> |
| Instruments                       | <input type="checkbox"/> | <input type="checkbox"/> | Personnel                       | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Wholesale:</b>                 |                          |                          | Business Services               |                          |                          |
| Durable Goods                     | <input type="checkbox"/> | <input type="checkbox"/> | Automobile Repair               | <input type="checkbox"/> | <input type="checkbox"/> |
| Non-Durable Goods                 | <input type="checkbox"/> | <input type="checkbox"/> | Amusement, Recreation           | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Hospitality:</b>               |                          |                          | Health                          |                          |                          |
| Restaurant                        | <input type="checkbox"/> | <input type="checkbox"/> | Professional Services           | <input type="checkbox"/> | <input type="checkbox"/> |
| Hotel, Motel, Inn, Tourist Resort | <input type="checkbox"/> | <input type="checkbox"/> | Other                           | <input type="checkbox"/> | <input type="checkbox"/> |

**SIGNING THIS FORM DOES NOT IMPLY THE CREATION OF AN AGENCY RELATIONSHIP BETWEEN JPMONGRAIN AND YOU. YOU HEREBY AGREE THAT JPMONGRAIN'S ONLY ROLE HEREIN IS TO PROVIDE YOU WITH INFORMATION ON POTENTIAL BUSINESS OPPORTUNITIES THAT MAY MEET YOUR REQUIREMENTS.**

Company Signing Authority: \_\_\_\_\_ Date: \_\_\_\_\_

Name & Title (Print): \_\_\_\_\_