

LANDSCAPE DEPOT INVESTMENTS

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Website: www.LandscapeDepotInvestments.com

BUYER AVAILABLE CAPITAL

Name: _____ Date: _____

Address: _____
Street Address City State Zip

Phone Number: _____ Email: _____

ASSETS:

Checking & Savings Bank Accounts: \$ _____

IRA/Other Retirement Accounts: \$ _____

Real Estate (Equity) \$ _____

Stock/Bond Investments \$ _____

Do you have an Investor/Partner (Please check): NO YES

If yes, name of Investor/Partner: _____

This form is intended to determine the capital available to appropriately qualify the buyer for the inquired business opportunity. The information provided in this form will be held in strict confidence and utilized strictly for the purpose of buyer qualification.

Upon completion, please email or fax back to Landscape Depot Investments (877)416-2500