

**Purchase Orders:
Ongoing Profitability Services**

i Form to be filled by recipient of transfer

Recipient Details

Name: _____

Address: _____

Contact Number: _____

Email: _____

Date of Birth: _____

Marital Status: _____

Service Details

In which market sector does the service operate?

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> Agriculture | <input type="checkbox"/> Consumer Goods | <input type="checkbox"/> Disaster Relief | <input type="checkbox"/> Healthcare |
| <input type="checkbox"/> Insurance | <input type="checkbox"/> Performance Art | <input type="checkbox"/> Real Estate | <input type="checkbox"/> Space Tourism |
| <input type="checkbox"/> Telecommunications | <input type="checkbox"/> Water | <input type="checkbox"/> Other (specify): _____ | |

Years of experience: _____

Annual revenue: _____

Purchase Details

Purchase/Investment amount: _____

Purchaser/Investor receives:

- | | |
|---|---|
| <input type="checkbox"/> Full Ownership | <input type="checkbox"/> Part Ownership (state fraction): _____ |
| <input type="checkbox"/> Franchise rights | <input type="checkbox"/> Image Rights |
| | <input type="checkbox"/> Trademark Ownership |

At which financial angle should the transaction be conducted?

- | | | | |
|--|-----------------------------------|--|--|
| <input type="checkbox"/> Perpendicular | <input type="checkbox"/> Parallel | <input type="checkbox"/> Anti-Parallel | <input type="checkbox"/> No preference |
|--|-----------------------------------|--|--|

Is the transaction sociable?

- ☐ Yes ☐ No

If not, why not?: _____

Signature

Signature: _____ Date: _____