

To: David Sprague

Port Macquarie Business Brokers  
P.O. Box 965  
Port Macquarie, 2444.

RE: Non Disclosure Statement.

This is to confirm our agreement to keep all information, given to us by your firm, **Totally confidential.** We agree not to pass on any information to any third party regarding the business we are enquiring on.

**Further we agree that the information can only be used by us for the sole purpose to purchase the said business.**

**Should we pass on any information given to us to a third party, we are responsible for any and all liabilities arising from it.**

We further agree to destroy all written documentation on the business if we decide not to proceed with the purchase.

**WE ALSO AGREE NOT TO APPROACH THE OWNER OF THE BUSINESS OR ANY MEMBER OF THEIR STAFF WHEN WE INSPECT THE BUSINESS AND AGREE THAT ANY CONTACT IS TO BE DONE THROUGH YOU THE AGENT.**

Signature..... Date.....

Full Name.....  
(Please print)

Witnessed by.....Date.....

Full Name.....  
(Please print)

**PLEASE PROVIDE US WITH BRIEF DETAILS SO WE MAY ASSIST YOU.**

**Date:**

**Name**.....

**Address**.....

.....**Postcode**.....

**Phone (H)**..... **Phone (B)**.....

**Mobile**..... **Fax**.....

**Email:** .....

**SUBJECT BUSINESS**.....

**Place on mailing list/database. Yes/No.**

**Price Range for businesses**.....

**Preferred type of business**.....