

MANAGEMENT SUMMARY
STRICTLY CONFIDENTIAL
NOT VERIFIED BY ELITE MERGERS & ACQUISITIONS

Name _____ Cell Phone _____

Home Phone _____ Email _____

Street Address _____

City _____ State _____ Zip Code _____

Name, Relationship & Role Of People Who Will Assist You With This Business:

1. _____

2. _____

3. _____

EDUCATION

Year	College	Degree/Major
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BUSINESS/WORK EXPERIENCE

Company Name _____ Location _____

From _____ To _____ Title _____

Duties _____

Company Name _____ Location _____

From _____ To _____ Title _____

Duties _____

Company Name _____ Location _____

From _____ To _____ Title _____

Duties _____

I certify that the information provided is true and correct.

Signature: _____ Date: _____