



MERIDIAN ASSOCIATES, INC

2010 Precision Valuation Agreement

The undersigned hereby requests Meridian Associates, Inc. perform a Business Valuation for purposes of:

- Potential sale of your business (we will include details of our brokerage service with your valuation)
- Potential acquisition (you are considering purchase of the company we are valuing)
- Estate planning (includes conversion to stock value at no extra fee)
- Other _____

Is this Business Valuation for the entire corporate entity? Yes No (explain) _____

Do you need separate division values as well? No Yes Divisions: _____

To derive this company's business value, please provide the following documentation:

- Three years financial statements including balance sheets (CPA preferred plus your internal statements for details of sales and costs of goods sold)
- Current year-to-date interim balance sheet and P&L with same period last year
- Volumes for the same periods
- If Divisional breakouts needed, Division P&Ls and volumes
- Owner's compensation and benefits for the same periods.
- One-time expenses or income for the same periods or any expense/income that a new owner would not incur.
- If applicable, dealer contracts list (duration, annual volume and margins only in spreadsheet format)
- Any major changes since last financial statement that would impact projections.

Send agreement with your remittance to: Meridian Associates, Inc.
510 S. Bowie
Weatherford, TX 76086

Fee: \$7250 per corporate entity (non-refundable). Add \$2000 for each division breakout. Add \$500 per company for rush service (With advance approval. Valuations are processed and completed in order of receipt.) Due to legibility problems, email and fax copies are discouraged.

Confidentiality: Meridian adheres to strict confidentiality. Your data is never shared or disclosed.

Format: Valuation is provided in summary letter format via mail or faxed at customer request.

Signature Date Confidential Email

Print Name and Title Telephone Fax

Company Best day / time to contact

Physical Address for Overnight Delivery ACCEPTED BY:

City, State, Zip MERIDIAN ASSOCIATES, INC.

If you wish, indicate below CPA or other financial professional we are authorized to contact directly:

Name _____ Telephone _____