

*ProMed Financial, Inc. Presents*

## CHIROPRACTIC PRACTICE FOR SALE



### **Chiropractic Shared Office Space Sacramento County, CALIFORNIA Ref # DC100**

Great opportunity for shared office space with a successful chiropractic practice. This practice opportunity is located in a dynamic city with a unique mixture of sophistication, historic insight, and ceaseless energy. The city has an abundance of recreation for all ages, from water sports such as kayaking, water skiing, and sailing, to an expansive network of bicycle and hiking trails.

#### **Space and Services Include:**

- 2 or 1 room for lease (approx 90 sq. ft. each)
- 1600 sq. ft. office
- Use of chiropractic equipment (digital x-ray, power plate, Myovision SEMG, thermography)
- Full use of office space (waiting, exam, consultation, and adjustment rooms, etc.)
- Front and back office support (appointment setting, and billing, etc.)
- Office Hours Mon-Thurs 9am-6pm (more hours can be accommodated.)

*All information has been provided by Seller and is deemed reliable but not guaranteed by ProMed Financial Inc*

# **888 277 6633**

[info@promed-financial.com](mailto:info@promed-financial.com)

*Licensed Real Estate Broker*

[www.promed-financial.com](http://www.promed-financial.com)

## **FINANCING AVAILABLE**

Acquisition, Debt Cons, Equip., Real Estate, Refi, Start-up, Working Capital

**ASSOCIATE POSITIONS AVAILABLE**



888-277-6633

888-577-6633

Please return to [Brian@promed-financial.com](mailto:Brian@promed-financial.com)

**CHIROPRACTIC  
2009 - BUYER'S CONFIDENTIALITY AGREEMENT**

In order to maintain the confidentiality and integrity of the practice sale, it is necessary to forward an executed and completed Buyer's Confidentiality Agreement ("Agreement") to ProMed Financial, Inc. (ProMed). Upon receipt, detailed information will be provided. Prior to scheduling an appointment, please fax a copy of your Curriculum Vitae.

**Licensing:**

Subspecialty: \_\_\_\_\_  
 Yr Licensed: \_\_\_\_\_  
 Sts Licensed : \_\_\_\_\_

**Credit Status:**

Score: \_\_\_\_\_  
 BK  Liens  Judgment  
 Foreclosure  \_\_\_\_\_

**Financing**

Need 100% Financing  
 Has Down Payment  
 \$ \_\_\_\_\_

**Practices:**

DC Ref # \_\_\_\_\_

**Other Description:**

Gross  Net Income: \$ \_\_\_\_\_

**Lease or Buy**

Real Estate  Lease

**Preferred Locations**

States

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Counties

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Cities

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Terms and Conditions of Agreement**

Termination Date: This Agreement will apply to all sellers introduced and will terminate one (1) year from execution.

Confidentiality: (a) Buyer may only share confidential information with personal consultants (attorneys, CPA)  
 (b) Buyer will refrain from contacting any of Seller or Seller's staff without permission

Offers (a) All offers shall be made directly to ProMed .

100% Financing ProMed shall have the first right to obtain 100% acquisition financing to Buyer's satisfaction.

Hold Harmless: ProMed shall be held harmless from all claims and causes of action by reason of any damage sustained as a result of information provided by Seller. Information is deemed to be reliable but not guaranteed by ProMed. Buyer is purchasing practice based upon their own judgment.

Original Document: A signed facsimile of this Agreement is considered to be an original and will be upheld in any court of law or by the American Arbitration Association in Orange County, California.

I, agree to abide by all the terms and conditions as stated in this Chiropractic Buyer Confidentiality Agreement.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Cell # \_\_\_\_\_ Email: \_\_\_\_\_