



**URGENT SALE**  
**DENTAL PRACTICE FOR SALE**  
**Ontario County, New York**  
**Asking only \$550,000**  
**Projected Gross of \$913,000!!**

**Ref #D621- MUST SELL IMMEDIATELY** ~ Ontario County has been rated in the past as the "The Best Place to Live" in the US for its great schools, low crime, and excellent health care. This county is in Western New York and east of Buffalo and within the Finger Lakes Region of the state.

If you have management skills and looking for a state of the art office this is the practice for you.

**Gross Income:** 2009 (through 5/13) = \$341k 2008= \$813k 2007=\$843k

**Established:** Initially started in 1971

**Premise:** 3,000 sq. ft.  
**Operatories:** 6 with digital x-rays and full EMR

**Hygiene:** M,T,W – 7:30 am – 6:00 (2 part time)

**Office Hours:** M,T,W from 9:00 am – 5:00 pm (Thurs and Friday as needed)

All information has been supplied by Seller and is deemed reliable and accurate but not guaranteed by ProMed Financial, Inc.

info@promed-financial.com

**888-277-6633**

www.promed-financial.com

**100% FINANCING AVAILABLE**

Other Loans: Debt Cons., Eqpmnt, Real Estate, Refi, Start-up, Working Capital  
**ASSOCIATE POSITIONS AVAILABLE**



888-277-6633

888-577-6633

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

**DENTAL**  
**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:**  
 DDS 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 Dental Buyer Confidentiality Agreement.

Print Name: \_\_\_\_\_  
 Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Cell # \_\_\_\_\_ Email: \_\_\_\_\_