



450 Shepard Drive, Unit 1  
Elgin, IL 60123  
Phone (847) 697-9222  
Fax (847) 697-9251

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### CONFIDENTIALITY AGREEMENT

In connection with the possible acquisition (the "Proposed Transaction") by you of \_\_\_\_\_, (the "Company"), we will furnish to you information regarding the business, financial condition, operations and prospects of the Company (the "Proprietary Information").

In consideration of obtaining the Proprietary Information, you hereby agree as follows,

1. All Proprietary Information furnished by us or the Company to you will be deemed confidential. The term Proprietary Information does not include any information, which is, or becomes, generally available to the public or is already in your possession.
2. Unless we otherwise agree in writing, you will not disclose or reveal any Proprietary Information for five years from the date hereof to any persons or entities other than your employees or your representatives actively and directly participating in the evaluation of the Information for any purpose other than in connection with the Proposed Transaction.
3. If you determine you do not wish to pursue the Proposed Transaction, you will promptly advise us of this fact and will deliver to us all the Proprietary Information furnished to you without retaining copies, summaries, analysis or extracts thereof.
4. Although you understand the Company and we have included in the Proprietary Information certain information which we consider to be relevant for the purpose of your investigation of Proposed Transaction, we do not make any representation warranty as to it's accuracy or completeness.
5. It is hereby agreed not to contact any supplier or it's employees. All contact is to be made through **Situs Business Brokers**.
6. You hereby state that you are neither an employee of the IRS nor assisting any employees of the IRS.

If you are in agreement with the foregoing, please complete this form and indicate your acceptance in the space below.

#### Agreed to and Accepted:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name (Please print)

\_\_\_\_\_  
Phone #

\_\_\_\_\_  
Address, City, State, Zip Code

**Please return via fax to 224-293-2167.**