



Equitable Transitions, Inc.

444 West Ocean Blvd., Suite 1400
Long Beach, Ca 90802

Due Diligence Information Request

General Information

Report Date: _____

State in Which Entity was Formed: _____

Entity Name _____

Corporation

Other Names Used (dba): _____

C

Address: _____

Sub Chapter S

LLC

Partnership

General

Limited

Tax ID No(s). _____

Current No. of Employees: _____

Federal Tax ID _____

State Employee ID _____

Officers

President

Home Address _____

Phone No: _____

Cell No: _____

Email Address: _____

Bookkeeper

Home Address _____

Phone No: _____

Cell No: _____

Email Address: _____

Secretary

Home Address _____

Phone No: _____

Cell No: _____

Email Address: _____

COO

Home Address _____

Phone No: _____

Cell No: _____

Email Address: _____





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CEO	_____	CFO	_____
Home Address	_____	Home Address	_____
	_____		_____
	_____		_____
Phone No:	_____	Phone No:	_____
Cell No:	_____	Cell No:	_____
Email Address:	_____	Email Address:	_____
<u>Attorneys</u>			
General Counsel	_____	Insolvency Attorney	_____
Home Address	_____	Home Address	_____
	_____		_____
	_____		_____
Phone No:	_____	Phone No:	_____
Cell No:	_____	Cell No:	_____
Email Address:	_____	Email Address:	_____
Labor Attorney	_____	Copyright Attorney	_____
Home Address	_____	Home Address	_____
	_____		_____
	_____		_____
Phone No:	_____	Phone No:	_____
Cell No:	_____	Cell No:	_____
Email Address:	_____	Email Address:	_____
Other Attorney	_____	Other Attorney	_____
Home Address	_____	Home Address	_____
	_____		_____
	_____		_____
Phone No:	_____	Phone No:	_____
Cell No:	_____	Cell No:	_____
Email Address:	_____	Email Address:	_____





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Shareholders

Name: _____	Percent Held _____%
Name: _____	Percent Held _____%
Name: _____	Percent Held _____%
Name: _____	Percent Held _____%
Name: _____	Percent Held _____%
Name: _____	Percent Held _____%
Name: _____	Percent Held _____%
Name: _____	Percent Held _____%
Name: _____	Percent Held _____%
Name: _____	Percent Held _____%

Partners

Name: _____	Percent Held _____%
<input type="checkbox"/> General Partner <input type="checkbox"/> Limited Partner	
Name: _____	Percent Held _____%
<input type="checkbox"/> General Partner <input type="checkbox"/> Limited Partner	
Name: _____	Percent Held _____%
<input type="checkbox"/> General Partner <input type="checkbox"/> Limited Partner	
Name: _____	Percent Held _____%
<input type="checkbox"/> General Partner <input type="checkbox"/> Limited Partner	
Name: _____	Percent Held _____%
<input type="checkbox"/> General Partner <input type="checkbox"/> Limited Partner	





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<u>Members</u>	
Name: _____	Percent Held _____%
<input type="checkbox"/> Manager	
Name: _____	Percent Held _____%
<input type="checkbox"/> Manager	
Name: _____	Percent Held _____%
<input type="checkbox"/> Manager	
Name: _____	Percent Held _____%
<input type="checkbox"/> Manager	
Name: _____	Percent Held _____%
<input type="checkbox"/> Manager	





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Organizational Documents

Please provide for review and inspection:

For Corporations:

_____ Bylaws and any Amendments to Bylaws
_____ Minutes of Shareholder Meetings
_____ Minutes or Board of Director Meetings
_____ Stock Book

For Partnerships

_____ Partnership Agreement with all Amendments
_____ Minutes of Partner Meetings

For Limited Liability Companies:

_____ Operating Agreement with all Amendments
_____ Minutes of Members Meetings





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Accounting Information

What accounting software do you use? _____

Since what date? _____

Fiscal Year End: _____

If you provide us with a copy of your accounting data in an electronic format you need only provide the information having an * beside it.

Please Provide Copies of:

_____	Current Trial Balance	_____	Current Balance Sheet
_____	*Tax returns for the last two (2) calendar years ¹	_____	Current Accounts payable aging
_____	Copies of most recent accounts statements for all financial accounts	_____	*Copies of all notices and other communications to and from taxing authorities (including offers in compromise and any payment agreements)
_____	Copies of any loan applications issued in the last five years	_____	*Copies of any physical inventories taken within the last two (2) years
_____	*Open Business Orders	_____	List of all deposits you placed with third parties (lease deposits, utility deposits, etc.)
_____	*Fictitious Business Name Statement	_____	List of all employees including name, address, contact information and social security numbers

¹ You should include all state and federal income and payroll tax returns, sales tax returns, personal property tax returns (County), and excise tax returns. Be sure to include federal forms 940 and 941, 1090 (or equivalent), FUTA, California DE-3 and 541 (or equivalent).





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Creditor Information

Included with this questionnaire is an Excel Spreadsheet for information relating to the following types of creditors:

Secured Creditors	Taxing Authorities
Employees Wages	Employee Benefits
Real Property Leases	Personal Property Leases
Utilities	Consumer Deposits
Other Creditors	

(include unsecured notes payable)

Please provide all information Requested





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Asset Information

Please provide listings of the types of property described below including quantity and place located.

- | | |
|--|--|
| _____ Accounts Receivable Aging (if not provided in electronic format as requested at page 6 of this Report) | _____ Patents |
| _____ Inventory (Raw Materials) | _____ Equipment |
| _____ Work-in-Process Inventory | _____ Machinery |
| _____ Finished Inventory | _____ Furniture |
| _____ Deposits with Third Parties | _____ Fixtures |
| _____ Refunds | _____ Interests in other entities (stock, member or partnership interests) |
| _____ Watercraft | _____ Other Property (itemize) |
| _____ Trade Marks | _____ Service Marks |
| _____ Copyrights | _____ Pending Insurance claims for casualty and other losses |
| _____ Aircraft | |

Real Property Owned

Interests in real property can be by way of ownership or by way of lease.

Do you own any real property _____ If Yes please complete real property owned section below

Yes _____ No

For each real property that you own please provide:

Property address (include State and County): _____

Name and address of any co-owners: _____

Provide a copy of the deed by which you obtained title to each real property

Provide copies of any deeds of trust securing repayment of any loans against each real property.

Provide copies of any promissory notes and/or loan agreements relating to deeds of trust against each real property.

Provide copies of any appraisals for the real property made within the last two (2) years

Do you lease the real property to anyone: _____ Yes _____ No If "Yes", please provide a copy of the lease.





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Bank Financial Account Information

List all Institutions at which you maintain an account and provide all account information requested below

Institution Name	_____	Contact	_____
Branch	_____	Title	_____
Address	_____	Phone No.	_____
	_____	Fax No.	_____

Accounts

Account Name	_____	Account Name	_____
Account #	_____	Account #	_____
Current Balance	_____	Current Balance	_____

Account Name	_____	Account Name	_____
Account #	_____	Account #	_____
Current Balance	_____	Current Balance	_____

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Institution Name	_____	Contact	_____
Branch	_____	Title	_____
Address	_____	Phone No.	_____
	_____	Fax No.	_____

Accounts

Account Name	_____	Account Name	_____
Account #	_____	Account #	_____
Current Balance	_____	Current Balance	_____

Account Name	_____	Account Name	_____
Account #	_____	Account #	_____
Current Balance	_____	Current Balance	_____





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Branch	_____	Title	_____
Address	_____	Phone No.	_____
	_____	Fax No.	_____

Accounts

Account Name	_____	Account Name	_____
Account #	_____	Account #	_____
Current Balance	_____	Current Balance	_____
Account Name	_____	Account Name	_____
Account #	_____	Account #	_____
Current Balance	_____	Current Balance	_____





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Vehicles and Rolling Stock

Make _____ Model _____ Year _____ Registered To _____

License # _____

VIN _____ Title Held By _____

Make _____ Model _____ Year _____ Registered To _____

License # _____

VIN _____ Title Held By _____

Make _____ Model _____ Year _____ Registered To _____

License # _____

VIN _____ Title Held By _____

Make _____ Model _____ Year _____ Registered To _____

License # _____

VIN _____ Title Held By _____

Make _____ Model _____ Year _____ Registered To _____

License # _____

VIN _____ Title Held By _____

Make _____ Model _____ Year _____ Registered To _____

License # _____

VIN _____ Title Held By _____

Make _____ Model _____ Year _____ Registered To _____

License # _____

VIN _____ Title Held By _____

Make _____ Model _____ Year _____ Registered To _____

License # _____

VIN _____ Title Held By _____





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Past Due Tax Returns

Specify all tax periods for which tax returns have not been filed and are past due.

Federal Taxes

Income Tax Returns _____

Payroll Tax Returns _____

Form 940 _____

Form 941 _____

FUTA _____

W-2 _____

Excise _____

State Taxes

Income Tax Returns _____

Payroll Tax Returns _____

Sales Tax Returns _____

County Taxes

Personal Property Taxes _____

Agreements

Please Provide Copies of the following agreements (including all amendments and modifications) or indicate none as appropriate:

- | | | | |
|-------|---|-------|--|
| _____ | Employment Agreements | _____ | Franchise Agreements |
| _____ | Independent Contractor Agreements | _____ | Personal Property and Equipment Leases |
| _____ | Loan Agreements | _____ | Security Agreements |
| _____ | Shareholder Agreements | _____ | Employee Manual |
| _____ | Royalty Agreements | _____ | Distribution Agreements |
| _____ | Other Agreements Vital to Your Business | | |





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Insurance

General Liability

Insurer Name and Address: _____

Broker _____ Policy # _____

Agent _____ Exp Date _____

Address _____

Deposit _____

Proof of Insurance Available? YES NO

Binder Available YES NO

Property Coverage

Insurer Name and Address: _____

Broker _____ Policy # _____

Agent _____ Exp Date _____

Address _____

Deposit _____

Proof of Insurance Available? YES NO

Binder Available YES NO

Auto/Umbrella

Insurer Name and Address: _____

Broker _____ Policy # _____

Agent _____ Exp Date _____

Address _____

Deposit _____

Proof of Insurance Available? YES NO

Binder Available YES NO

Workman's Compensation

Insurer Name and Address: _____

Broker _____ Policy # _____

Agent _____ Exp Date _____

Address _____

Deposit _____

Proof of Insurance Available? YES NO

Binder Available YES NO





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Key Man Life Insurance

Insurer Name and Address: _____

Broker _____ Policy # _____

Agent _____ Exp Date _____

Agent _____

Address _____

Deposit _____

Proof of Insurance Available? YES NO

Binder Available YES NO

Directors and Officers Insurance

Insurer Name and Address: _____

Broker _____ Policy # _____

Agent _____ Exp Date _____

Agent _____

Address _____

Deposit _____

Proof of Insurance Available? YES NO

Binder Available YES NO

401 (k) and other Pension Plan

Plan Administrator _____ Trustee _____

Contact Information _____ Account Closed? YES NO

Date Closed _____





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Utilities/Special Services

Electric

Company _____
Contact _____
Phone _____
Deposit _____

Gas

Company _____
Contact _____
Phone _____
Deposit _____

Water

Company _____
Contact _____
Phone _____
Deposit _____

Telephone

Company _____
Contact _____
Phone _____
Deposit _____

Cell Phones

Company _____
Contact _____
Phone _____
Deposit _____

Pagers

Company _____
Contact _____
Phone _____
Deposit _____

Security

Company _____
Contact _____
Phone _____
Deposit _____

Janitorial

Company _____
Contact _____
Phone _____
Deposit _____

Other

Company _____
Contact _____
Phone _____
Deposit _____

Garbage

Company _____
Contact _____
Phone _____
Deposit _____

Other

Company _____
Contact _____
Phone _____
Deposit _____





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Lawsuits

For each lawsuit, please identify all lawsuits that are now pending, have been concluded within the last twelve (12) months, or where a judgment has been issued against you and any part of the remains unpaid by providing the following information (this information may be provided by giving a copy of any judgment or other paper filed in the lawsuit):

Title of the Case _____

Case No _____

Name and address of the Court where the Case was filed: _____

Name, address and phone number of attorney representing you: _____

Status: _____ Pending _____ Judgment remains unsatisfied _____ Judgment satisfied _____ Settled (provide copy of Settlement Agreement)

Writ of Attachment issued on: _____

Brief description of the nature of the lawsuit: _____

