

# Agreement of Confidentiality

As a prospective purchaser of the chiropractic practice located in

## University City, MO

The present Chiropractor and owner will provide you with proprietary information regarding the business, financial condition, operation and management of the practice.

As a condition to the receipt of this information, you agree to keep all proprietary information confidential; you shall not contact any person(s) associated with the practice, visit the practice location, or disclose either the proposed transaction or any proprietary information to any third party without the prior consent of the seller; and you shall use the proprietary information exclusively for the evaluation of the proposed transaction and for no other purpose.

Violating the veil of confidentiality could cause damage to the practice and its owner. Our obligation to keep proprietary information confidential can never be overstated.

Please confirm this agreement of confidentiality by signing where indicated below.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please print name below:

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Address)

(\_\_\_\_\_) \_\_\_\_\_

(Telephone)

**FAX TO (973) 695-1650**