

Appendix B

Audiology Practice of John Doe, Au.D., P.A.

Nondisclosure Agreement

In consideration for sharing information about Dr. Doe's audiology practice, I agree not to disclose confidential information of Dr. Doe or any of his representative's shares with my agents or me. Furthermore, I agree not to use the information supplied by Dr. Doe for the purpose of competing against him should our negotiations fail to consummate in the purchase of Dr. Doe's practice.

Signature

Print Name

Representing

Date

Street Address

City, State, Zip code

Telephone

e-mail

List of documents:

- ____ Practice description
- ____ Services provided
- ____ Profit & Loss
- ____ Add backs to net profit
- ____ Inventory of clinical equipment
- ____ Accounting basis for value of practice
- ____ Number hearing aids sold and source of sales
- ____ Percentage owner/employee hearing aid sales
- ____ Insurance plans accepted
- ____ Dr. Brady's CV