

**Professional Practice Consultants
of New Jersey, Inc.**

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AGREEMENT OF CONFIDENTIALITY

As a prospective purchaser of the dental practice, you will be provided information pertaining to the business, operations and management, and financial condition of the practice. This information is provided by the **Seller** and must be verified by the **Buyer**. PPC of NJ, Inc. is not responsible for verification.

As a condition to the receipt of this proprietary information, you must agree to keep all information confidential. You may not contact any persons associated with the practice or disclose either the proposed transaction or any proprietary information to any third party without the prior consent of the consultant. The proprietary information may only be used for the evaluation of the proposed transaction and cannot be used for any other purpose. Adherence to this **Agreement of Confidentiality** is necessary, as violations may cause irreparable harm to the practice owner. You agree that all written material will be returned to PPC of NJ, Inc. within 30 days of receipt.

Please confirm this **Agreement of Confidentiality** by signing below where indicated and returning it to me at PO Box 662, Oldwick, NJ 08858. You may also fax the signed document to me at (908) 439-9949.

The signing of this Confidentiality Agreement does not obligate the prospective buyer to purchase the practice presented herein. Further, PPC of NJ, Inc. does not, and will not, require a fee from the prospective buyer of a practice we have listed. Our client is the seller. As such, all fees due PPC of NJ, Inc. upon consummation of a sales transaction are borne by the selling doctor.

If you have questions regarding this matter, please contact me directly.

Acknowledged by:

Signature Date _____

Please print name, address and telephone number below.

Name Telephone number _____

Address Fax number _____
