Counter Offer

Business Name:_____

Street,_____

City, _____County,_____ State,_____ Zip_____

Between:
_____as Seller(s)

and:_____as Purchaser(s)

I/We accept all of the terms and conditions of the Conditional Offer For Purchase and Sale of Assets Agreement

Dated _____except as follows:

_____
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Should the Purchaser, Seller, fail to accept this counter offer on or before_____o'clock AM PM, on _____,20_____, this counter offer is revoked and deposit will be returned to Purchaser Receipt of a copy of this Counter Offer is hereby acknowledged.

Purchaser: _____

Date:_____ At: _____ AM PM

Seller:_____

Date:_____At:_____ AM PM

_____
Agent for Broker