



Setting the Standards in Rehabilitation®

PTPN Practice Exchange Information

Thank you for your interest in the PTPN Practice Exchange. An exclusive service for PTPN members, the PTPN Practice Exchange is a confidential forum for practice buyers and sellers.

Only PTPN members can list their practices for sale. If you are thinking about selling your practice and want to keep it confidential, this is the service for you.

Our Practice Exchange service sends emails and faxes to all PTPN member offices nationally. Specific information about the seller's name, address and phone number is not shown on the fax. If a buyer finds a practice of interest, they contact PTPN. PTPN then forwards the prospective buyer's contact information to the seller, and only if the seller is interested does the seller then contact the buyer independent of PTPN.

The PTPN Practice Exchange is free. PTPN makes no warranties or guarantees as to the accuracy of any information given by buyers or sellers to the PTPN Practice Exchange, and does not investigate a buyer's ability to successfully complete a purchase transaction.

PTPN reserves the right to reject any application for any reason. Once a seller's application is accepted, PTPN will send the seller a form to complete so that we can create the fax. For more information, email nrothenberg@ptpn.com or call 800-766-7876 and ask the operator for extension 225.



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PTPN Practice Exchange Seller's Application

Thank you for your interest in the PTPN Practice Exchange. Only PTPN members can list their practices for sale, and no names, addresses or contact information are included in the fax. If a buyer finds your practice of interest, they will contact PTPN who will forward the buyer's information to you. If you are interested you then contact the buyer independent of PTPN. PTPN does not investigate a buyer's ability to successfully complete a purchase transaction. Complete the information below and return to nrothenberg@ptpn.com or fax 818-737-0260 or mail PTPN, 26635 W. Agoura Rd. #250, Calabasas, CA 91302. PTPN reserves the right to reject any application for any reason. If the application is accepted, PTPN will send you a form to complete so that we can create the fax. This service is free.

- 1) Name and Title: _____
- 2) Practice Name: _____
- 3) Address: _____
- 4) Phone: _____
- 5) Fax: _____
- 6) Email: _____

I understand that PTPN makes no warranties or guarantees as to the accuracy of any information given by buyers or sellers contained in the Practice Exchange. PTPN is acting only as a forum for interested parties to exchange information. I agree to hold PTPN harmless in any actions taken by me or by the buyer as a result of information contained in the Practice Exchange. I also understand that the PTPN Practice Exchange is a service for PTPN members, and is separate from the services covered by the PTPN Member Agreement and is not subject to the terms of that Agreement. PTPN will take all reasonable precautions to keep the information on my practice confidential unless otherwise instructed by me. I the undersigned have the authority to engage PTPN to list my practice on the PTPN Practice Exchange.

Signature

Print Name

Date

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