



CONFIDENTIAL QUESTIONNAIRE

The following information is necessary in evaluating your qualifications to be awarded a franchise. Should you qualify and a mutual interest develops between the franchisor and you, additional information may be requested. This form must be completed before continuing with the franchise search process.

THE INFORMATION YOU PROVIDE WILL BE TREATED IN THE FULLEST CONFIDENCE.

COMPLETING THIS QUESTIONNAIRE DOES NOT OBLIGATE YOU OR FRANCHISEE CONSULTING GROUP, INC., IN ANY WAY.

If more than one person (or couple) will be purchasing the franchise with you, **each person must complete a separate form.**

I. PERSONAL DATA:

Date this form is completed: _____

1. Name: _____

2. Address:

street: _____

city: _____

state: _____

zip: _____

3. Mailing Address (if different than above)

street: _____

city: _____

state: _____

zip: _____

4. Contact Information:

		<u>best number to call</u>
home telephone:	() ___ - _____	9
office telephone:	() ___ - _____	9
cellular telephone:	() ___ - _____	9
fax:	() ___ - _____	9
email:	_____	
website (if any):	_____	

best time to call: _____ (EST;CST:MST:PST)

5. Household Information:

- a. Name of Spouse/Significant Other: _____
- b. Occupation of Spouse/Significant Other: _____
- c. Total household income: \$ _____

6. Work Information:

a. Current Employment:

- 1. name: _____
- 2. position: _____
- 3. Length of employment: _____
- 4. Highest wage or salary: _____

b. Employment for the past 5 years (if more than 2 jobs, please use extra sheets):

- 1. name: _____
- 2. position: _____
- 3. Length of employment: _____
- 4. Highest wage or salary: _____

- 1. name: _____
- 2. position: _____
- 3. Length of employment: _____

4. **Highest wage or salary:** _____

c:

1. **What do you like most about your current job:** _____

2. **What do you like least about your current job:** _____

3. **On the basis of your past life and work experience what would you described your:**

a. **strengths:** _____

b. **weaknesses:** _____

d. **Have you every owned your own business:** **9** Yes **9** NO

If Yes, please describe the business, the length of time you owned it and the reason for closing the business (please use extra paper if needed):

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II. FINANCIAL INFORMATION:

a. Please complete the preliminary financial form below (round to the nearest dollar). **All information is subject to verification by the franchisor**

ASSETS (what you own)		LIABILITIES (what you owe)	
Cash in bank	\$	Notes payable - bank	\$
Cash in savings	\$	Notes payable - other	\$
Stock, bonds, funds	\$	Credit cards (average monthly balance)	\$
Retirement plans (IRA=s, 401(k), etc)	\$	Insurance premiums (monthly)	\$
Real Estate - home	\$	Mortgages - home	\$
Real Estate - other	\$	Mortgages - other	\$
Automobiles	\$	Auto loans	\$
other vehicles	\$	other vehicle loans	\$
Business asset value	\$	Business asset - loans	\$
Appraised collectibles	\$	Other liabilities _____	\$
Other assets _____	\$	Other liabilities _____	\$
Other assets _____	\$	Other liabilities _____	\$
Other assets _____	\$		
TOTAL ASSETS	\$	TOTAL LIABILITIES	\$
Net worth (Assets minus liabilities) \$ _____			

b. How much do you intend to invest in the purchase and operation of the franchise? \$ _____

c. What will be the source of this funding? _____

d. Will you borrow money ? If yes, from what source? _____

e. If you will be borrowing money, what is the most that you can borrow? \$ _____

III. FRANCHISING

a. What are your business goals in owning your own franchise?

b. Do you plan on being personally involved in the day to day operation of the business? 9 Yes 9 NO

c. Does your spouse/significant other plan on being personally involved in the day-to-day operation of the business? 9 Yes 9 NO

d. Will you have partners other than your spouse/significant other? 9 Yes 9 NO

If Ayes@, please have each partner complete one of these forms.

e. Why do you believe that you can successfully operate a franchise business?

f. What is your income expectation:

- i. for the first year: \$ _____
- ii. for the second year: \$ _____
- iii. for the third year: \$ _____
- iv. for the years after: \$ _____

g. How would you rate your:

- i. ability to work with the public:

(low)1__2__3__4__5(average) _____6__7__8__9__10__ (high)

ii. ability to work with employees:

(low)1__2__3__4__5(average) _____6__7__8__9__10__ (high)

iii. management of money:

(low)1__2__3__4__5(average) _____6__7__8__9__10__ (high)

iv. ability to work without daily direction from other persons

(low)1__2__3__
4__5(average) _____6__7__8__9__10__ (high)

v. desire to works outside the normal 8:30 to 5:00 business hours

(low)1__2__3__4__5(average) _____6__7__8__9__10__ (high)

IV. EDUCATION

Please provide the following:

Name of institution	year of graduation	diploma earned

I certify that the information provided on this questionnaire is complete and accurate. I hereby authorize verification of the above information from credit reporting agencies. It is understood that this is a preliminary application and does not bind any party to any obligation.

NAME: _____
SIGNATURE: _____

NAME OF SPOUSE OR SIGNIFICANT OTHER _____
SIGNATURE: _____