



Confidential Questionnaire

First Name: _____ Phone: _____

Last Name: _____

Spouse/Partner: _____

Email: _____

Address: _____

City: _____ State: _____ Zip: _____

Desired Location: (specify zip code):

Time frame to begin:

Have you researched any other franchise offering? If so, which ones?

What type of business appeals to you:(Check all that apply)

- | | | | | | |
|------------|--------------------------|-------------------|--------------------------|------------------------|--------------------------|
| Retail | <input type="checkbox"/> | Consumer Products | <input type="checkbox"/> | Owner Operator | <input type="checkbox"/> |
| Home Based | <input type="checkbox"/> | Fast Food | <input type="checkbox"/> | Semi-Passive Ownership | <input type="checkbox"/> |
| Mobile | <input type="checkbox"/> | Service Industry | <input type="checkbox"/> | Executive Model | <input type="checkbox"/> |

Will you need funding? Yes No

Do you anticipate having partners? Yes No

Total Liquid Cash Available to Invest:

Total Investment Range:

Estimated Net Worth:

On a scale of 1-10 (10 being the highest) please rate your interests in the following:

- | | | |
|-------------------------------------|---------------------------------|--|
| Mechanical/ Automotive _____ | Pets & Animals _____ | Design & Décor _____ |
| Landscaping _____ | Fitness & Sports _____ | Being around Cars _____ |
| Beauty/ Fashion _____ | Coaching or Teaching _____ | Entertainment, Hosting Parties _____ |
| Remodeling/Home Improvement _____ | Having Healthy Lifestyle _____ | Travel & Leisure _____ |
| Working Outdoors _____ | Computer/ High Tech _____ | Talking with just about Anyone _____ |
| Real Estate Buying or Selling _____ | Working with Hands/ Tools _____ | Volunteering/Community Involvement _____ |
| Working with Children _____ | Working with Numbers _____ | Working with Seniors _____ |
| Organizing Things _____ | Organizing People _____ | Networking with people _____ |

