



5 minute Get To Know You

First Name: _____ Phone: _____

Last Name: _____ Email: _____

Spouse/Partner: _____

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"/> |
| Office Based | <input type="checkbox"/> | Service Industry | <input type="checkbox"/> | Executive Model | <input type="checkbox"/> |
| Mobile | <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/ Hih 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 ____ |