



Franchise Opportunity Questionnaire

PERSONAL INFORMATION

Name: _____
 Spouses Name: _____
 Address: _____
 City: _____ Prov: _____ PC: _____
 Home Phone: _____
 Work Phone: _____
 Cell Number: _____
 E-mail: _____

EMPLOYMENT INFORMATION

Occupation: _____
 Current Employer: _____
 How Long in Present Position? _____
 Spouse's Occupation: _____
 How Long in Present Position? _____
 Do you have children: Yes No
 Ages: _____

OTHER INFORMATION

Have you ever filed bankruptcy? Yes No
 If so, how long ago? _____
 Have you ever been convicted of a felony? Yes No
 If so, for what? _____
 Do you currently, or have you ever, owned your own business?
 Yes No If so, describe: _____

 Will you be able to devote full time to this new business?
 Yes No
 If not, who do you have in mind to operate the business?
 Spouse Partner Manager
 In what area are you considering establishing a business?
 City: _____ Prov: _____

Do you have a specific location in mind? Yes No
 Where? _____

If accepted, how soon would you be able to operate a center?

3-6 months 6-12 months 12+ months

FINANCIAL INFORMATION

1. Cash on Hand & in Banks: \$ _____
 2. Savings Funds/Certificates: \$ _____
 3. Stocks, Bonds & Securities: \$ _____
 4. Retirement Plans, RRSPs: \$ _____
 5. Home Market Value: \$ _____
 6. Other Real Estate (Market Value): \$ _____
 7. Personal Property: \$ _____
 8. Other Assets: \$ _____
 Describe: _____

Add up lines 1-9 for TOTAL ASSETS = _____

1. Notes Payable: \$ _____
 2. Revolving A/C Balances: \$ _____
 3. Credit Card Balances: \$ _____
 4. Home Mortgage Balance: \$ _____
 5. Other Real Estate Debt: \$ _____
 6. Auto Loans: \$ _____
 7. Other Debts: \$ _____
 Describe: _____

Add up lines 1-7 for TOTAL LIABILITIES = _____

| |
|--|
| <p>YOUR TOTAL ASSETS – YOUR TOTAL LIABILITIES _____ = NET WORTH</p> |
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What is your current annual household income?

\$ _____

How would you maintain living expenses during a new business start-up period? savings spouse's/partner's salary

Other _____

If you were to proceed with this investment, would you have to finance any portion? Yes No

How much? _____

How? Home Equity Canadian Small Business Loan

Other _____

List Employment History for the past 5 years:

(Note: you may attach a resume for this portion)

Employer: _____

Employed: ____/____/____ to ____/____/____

Employer: _____

Employed: ____/____/____ to ____/____/____

Employer: _____

Employed: ____/____/____ to ____/____/____

PERSONAL SKILLS

Please rate your skills in the following areas:

On a scale of 1 – 5. **Please only** check **one number**.

1 = No Knowledge, 2 = Some Knowledge, 3 = Average Knowledge, 4 = Very Knowledgeable, 5 = Highly Knowledgeable/Expert

1. Rate your ability to start a conversation

1 2 3 4 5

2. Rate your ability to make cold sales calls

1 2 3 4 5

3. Rate your ability to train and motivate staff

1 2 3 4 5

4. Rate your general computer skills

1 2 3 4 5

Referred By: _____

Use this space for any additional information concerning yourself:

EDUCATION & EMPLOYMENT HISTORY

List Educational Background:

(Note: you may attach a resume for this portion)

High School/College: _____

Dates Attended: ____/____/____ to ____/____/____

