

## PERSONAL DATA

Name \_\_\_\_\_ Age \_\_\_\_\_ Marital Status \_\_\_\_\_ No. of Dependents \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_ Own? \_\_\_\_\_ Rent? \_\_\_\_\_ Years \_\_\_\_\_  
Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
E-Mail \_\_\_\_\_ Fax \_\_\_\_\_ Best Time to Call \_\_\_\_\_

## EMPLOYMENT/BUSINESS RECORD *(We Will Not Contact Your Current Employer Without Your Approval)*

Current \_\_\_\_\_ Position \_\_\_\_\_ How Long? \_\_\_\_\_  
Industry \_\_\_\_\_  
Previous \_\_\_\_\_ Position \_\_\_\_\_ How Long? \_\_\_\_\_  
Industry \_\_\_\_\_

## PERSONAL REFERENCES *(Please List Non-relatives That Have Known You For Two or More Years)*

Name \_\_\_\_\_ Phone \_\_\_\_\_ Years Known \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Name \_\_\_\_\_ Phone \_\_\_\_\_ Years Known \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

## FINANCIAL DATA *(Your Personal Financial Statement May Be Requested at Our First Meeting)*

Your Approximate Net Worth \_\_\_\_\_ Name of Partner/Investor *(If any)* \_\_\_\_\_

How will you obtain cash and/or credit to manage the average \$375,000 investment required? Please be specific.  
*(If applying for an SBA loan, you must have at least \$125,000 cash to qualify.)*

## BUSINESS HISTORY *(Please Have A Resume Available at Our First Meeting)*

Do you now own a franchise business? \_\_\_\_\_ Name of Franchise \_\_\_\_\_

Have you ever failed in business? \_\_\_\_\_ Compromised with creditors or filed bankruptcy? \_\_\_\_\_ Detail.

Have you ever been involved in litigation regarding your business interests? \_\_\_\_\_ Detail.

## MARKET PREFERENCE *(Large Markets or Cities May be Divided Into Smaller Territories)*

First choice for your location \_\_\_\_\_ Second choice \_\_\_\_\_

When do you want to begin? Now \_\_\_\_\_ 3 to 6 months \_\_\_\_\_ 6 to 12 months \_\_\_\_\_ Other \_\_\_\_\_

If you have any questions or comments before you submit this Questionnaire, please call us at (228) 219-7433.

**Please mail to: 7501 Hwy 57, Ocean Springs, MS 39564 or FAX to: (228) 875-5582**