



CONFIDENTIAL QUESTIONNAIRE

The following information is necessary in evaluation your qualifications to be awarded a franchise. Should you qualify and a mutual interest develops, 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 (Business Alliance Inc.) in any way. If more than one person (or couple) will be involved, please attach a separate completed form.

Personal Data

Date:

Name:

SSN Nr:

If not US Citizen, Passport Nr:

Street Address:

City:

State:

Zip code:

Country:

Mailing Address:

City:

State

Zip code:

Country:

Home Phone Number:

Business Phone Number:

Cellular Phone Number:

Fax Number:

Best time to call?

Email:

Spouse:

Occupation:

Will your spouse be active in the franchise? Yes No If yes, in what capacity?

Education: High School College Masters PhD Other

Number of Dependants Age:

Business Data

Your Business Experience: (list most recent first)

Company Name Type of Business Position Held Dates

What do you like best about your past jobs or businesses?

What do you like least about your past jobs or businesses?

Based on your past experience, what are your strengths?

Based on your past experience, what are your weaknesses?

Have you ever owned a business? Yes No

If yes, what kind of business:

What are your business goals?

Business location preference:

First Choice

Second Choice

Third Choice

Do you plan to have partners? Yes No

If yes, please identify your partners below:

Active in franchise? Yes No

Full name:

Street Address:

City: State: Zip code: Country:

Phone number:

How soon would you like to be ready to start your own business?

What other business have you looked at?

How much investment in your own business are you comfortable with at this time? \$

How much investment will come from:

Savings \$	Credit Card \$	Home Equity \$
401K Savings \$	Stock \$	
Other \$	Explain:	

Other Information

How did you become aware of this franchise opportunity? (e.g. newspaper ad, tradeshow, etc.)

Do you plan to be actively involved in the franchise? Yes No Spouse? Yes No

Why do you believe you can successfully operate a business?

How will this opportunity help you reach your business & personal goals?

Additional information or comments that you might like to share with us in evaluating your request for consideration:

How would you rate your interest in owning a new business on a scale from 1 to 10? Circle rating below.
(Rating of 1 = low; rating of 10 = high)

(Low) 1 2 3 4 5 6 7 8 9 10 (High)

Do you have additional income sources? Yes No

If yes, please explain:

Income Expectations:

After 1st year After 2nd year After 3rd year

How would you rate your sale abilities or interest?

Very weak weak average strong very strong

Will you be involved on a part-time or full-time basis?

How many hours can you devote per week?

Preliminary Financial Information (round off to nearest dollar)

Assets		Liabilities	
Cash in Bank	\$	Notes Payable – Bank	\$
Cash in Savings	\$	Notes Payable – Other	\$
Stocks, Bonds, Mutual Funds	\$	Charge Accounts	\$
IRA's, 401Ks, Other Retirement Plans	\$	Credit Cards	\$
Cash Value of Life Insurance	\$	Owing on Life Insurance	\$
Real Estate Value – Home	\$	Mortgage – Home	\$
Real Estate Value – Other	\$	Mortgage – Other	\$
Automobiles	\$	Due on Automobiles	\$
Vehicles – Other	\$	Due on Vehicles – Other	\$
Business – Value	\$	Other Liabilities (list below)	
Appraised Collectibles	\$		\$
Money Owed You	\$		\$
Other Assets (list below)			\$
	\$		\$
	\$		\$
	\$		\$
Total Assets	\$	Total Liabilities	\$
(Net Worth = Total Assets minus Total Liabilities)		Net Worth	\$

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

Name:

Signature:

Date:

Name (Spouse):

Signature (Spouse):

Date: