FRANCHISE QUALIFICATION REPORT

PERSONAL INFORMATION

SFS LEAD FORM

Date:			
Name:	Email:		
Address:	City:	State:	Zip:
Day Phone:	Evening Ph	one:	
Marital Status:	Number of Children:	Total Number of depend	dents:
Spouses Name:	Spouses Occupa	tion:	
EDUCATION			
High School:	Graduated	Graduated (date):	
College:	Graduated:	Degree:	
Other:	Graduated:	Degree:	
Special Training:			
Military Experience/Branch	/Rank:		
BUSINESS EXPERIENCE			
Present or Last Occupation:			
Name of Company:		Date Started:	
Address:	City:	State:	ZiP:
Title & Function:			
	, Function & Starting Dates:		
	ener, or any other personal source of in		No:
How did you hear about this	Business Brokerage?		

FINANCIAL INFORMATION:

Assets	\$	Liabilities	\$		
Cash on Hand & in Banks		Notes Payable to Banks			
Real Estate		Real Estate & Mortgages			
Stocks & Bonds	-	Misc. Accounts Due			
Miscellaneous		Total I tabilities			
Total Assets		- BT / TT7 /1			
1 0000 1 100000		(Total assets less total liabilit	ies)		
Monthly House	ehold Living Expenses	·			
Additional Annual Income		Self	Spouse		
Source	e of Continuous Income				
Other					
Total					
Do You Have Any Judgments, I	Liens or Suits Pending? _				
Do You Have a Source for Finan	ncing? Yes No	If So, Who?			
Have You Been convicted of a F	elony?				
W V. Cl CM. I	4.9. 15t	2 nd :			
where is your Choice of Marke	ets? 1":	2 nd :			
	3 rd :				
If Qualified, When Would You	be Ready to Invest in You	ır Franchise?			
Do You Want To Supplement or	r Replace Your Current I	Income?			
How Much of Your Personal Sa	vings Are You Willing to	Invest?			
Will You Devote Full-Time? If Not Who Will Manage?					
Interested in Multiple or Single	Location?				
How Long Have You Been Serie	ously Looking for a Busin	ess?			
What Kind of Businesses Have Y	You Looked At?				
What Franchises Have You Tall	ked Too?				
What is Motivating You to Buy	a Business?				
NOTES:					