



### 8 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

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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 _____