

FRANCHISE EVALUATION FORM

PLEASE ANSWER ALL QUESTIONS

WRITE CLEARLY OR PRINT

Personal Information	LAST NAME		FIRST NAME		MIDDLE NAME		DATE OF APPLICATION	
	BIRTHDATE / /		AGE		TELEPHONE NUMBER ()			
	EMAIL ADDRESS						CELL NUMBER ()	
	CURRENT ADDRESS		CITY		STATE		ZIP	HOW LONG?

Applicant's Franchise Plans	WILL THE FRANCHISE BE OWNED AND OPERATED BY YOURSELF, FAMILY MEMBERS OR A GROUP?	
	HOW SOON DO YOU WANT TO GET INTO BUSINESS? PLEASE EXPLAIN FULLY.	
	AMOUNT OF CAPITAL AVAILABLE FOR THIS BUSINESS.	
	DESCRIBE FULLY	
	TERRITORY FOR WHICH APPLICATION MADE	WOULD YOU CONSIDER ANY OTHER AREA? <input type="checkbox"/> YES <input type="checkbox"/> NO
WHAT AREA(S)?		

Education	PLEASE LIST EDUCATIONAL BACKGROUND: HIGH SCHOOL, COLLEGE (DEGREES IF ANY), MILITARY	

Business and Experience Record	HAVE YOU BEEN IN BUSINESS FOR YOURSELF? DESCRIBE	
	NAME AND ADDRESS OF EMPLOYER	
	POSITION, TITLE AND DUTIES	
	DATES OF EMPLOYMENT FROM / / TO / /	

THIS IS NOT A CONTRACT AND SUPPLYING OR COMPLETING THIS FORM INCURS NO OBLIGATION ON EITHER PARTY.

Date _____ Signed _____