



AFFORDABLE BUSINESS CONCEPTS
**International Franchise Consultants
 & Business Brokers**

*Guiding Entrepreneurs
 to Golden Opportunities*



Insight with Integrity ♦ Free Entrepreneurial Coaching and Franchise Consulting ♦ Executive Expertise

CONFIDENTIAL QUESTIONNAIRE

The submission of this information will help in determining your qualifications for franchise ownership and be treated as confidential.
 Completing this questionnaire does NOT obligate you to any franchise or any franchise to you.

Fax the completed questionnaire to (480) 320-4103

Name:		Today's Date:	
Address:		Marital Status (y/n): Spouse's or Partner's Name:	
Email:		Is your Spouse/Partner employed?	
Cell Phone:		Will Your Spouse/Partner participate in business?	
Home Phone:		List your Credit Score:	
Business Phone:		Do you own your home?	
Fax:		Your Education (level)	
Current Occupation:		Education Major:	
Are you currently employed?		Business Partner (y/n): Partners Name:	
Describe position held:		Are you a U.S. Citizen:	
What are the key goals you would like to achieve with a business of your own?			
What fields and/or industries would you most like to explore? (i.e. Advertising; Auto; B2B Sales; Beauty; Food/Drinks; Children Services; Financial Services; Health; Handyman; Management Training; Pet Care; Printing; Restoration; Retail Sales; Senior Care; etc.)			
Desired Location - specify City, State, Zip code(s):		Have you ever been convicted of a felony?	
Time frame you would like to start your business:		Have you ever declared Bankruptcy? (y/n)	
Do you plan to be actively involved in the franchise? (y/n)		Are you interested in multiple units or a Master?	

Do you prefer a home based business? (y/n)		Do you prefer a store front business? (y/n)	
Personal liquid capital you have available for investment:	\$	What is Your Approximate Net Worth?	\$
Do you have retirement fund such as a 401K or IRA? (Specific which one)		Spousal/Partner Salary?	\$
Have you ever reviewed any other Franchise Disclosure Documents, contracts or Prospectus? When and What Companies?			
Have you held an ownership interest in another franchise or business? Describe:			
What are your income expectations? 1 st Year ; 2 nd Year; 3 rd Year			
List your business strengths:			
How do you rate your sales ability? Weak, Average or Strong			

Preliminary Financial Information (round off to nearest dollar)

<u>Assets</u>		<u>Liabilities</u>	
Cash in Bank		Notes Payable - Bank	
Cash In Savings		Notes Payable – Other	
Stocks, Bonds, Mutual Funds		Charge Accounts	
IRAs, 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)	
Appraised Collectibles			
Money Owed You			
Other Assets (list)			
Total Assets		Total Liabilities	
TOTAL NET WORTH : Assets – Liabilities =			

I certify that the information I provided on this questionnaire is correct. I understand this is a preliminary application and does not bind any party to any future obligation.

Fax the completed questionnaire to (480) 320-4103

Name (Print): _____ Signature: _____ Date: _____

AFFORDABLE BUSINESS CONCEPTS, LLC

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Direct (480) 626-2287: Toll free (866) 388-3576: Fax (480) 320-4103 Email: info@abcbyob.com