

Buyer's Personal Information

Name _____
(Last) (First) (MI)

Address _____
(Street) (City) (State) (Zip)

Home Phone _____ E-mail Address _____
(Area Code)

Business Phone _____ E-mail Address _____
(Area Code)

Social Security No. _____

Date of Birth _____ Sex _____ Marital Status _____

Spouse's Name _____ Dependants (ages) _____

Education High School _____ College Degree (specify) _____

Previous Address (if less than 3 yrs at current address)

(Street) (City) (State) (Zip)

Would you be a full or part time operator? _____

Will you have a partner in the business? _____ If yes, what will they be expected to do? _____

Will your spouse be involved? _____

Will other family members be involved? _____

If yes, list name and relationship? _____

Where will your funds come from to finance your franchise business? (i.e. cash, loans, securities, equity) _____

What is the minimum income you would need to live on during your business's start-up? _____

Will this business be your sole source of income? _____ If no, explain _____

Have you ever owned your own business? _____ If yes, explain _____

What geographical areas are you interested in? (List 3 towns in order of preference.)

1. _____ 2. _____ 3. _____

When will you be able to start your new business? Why? _____

Have you ever declared bankruptcy? _____ If yes, explain _____

Have you ever been convicted of a felony? _____ If yes, explain _____

Work Experience (list present occupation first)

1. Name & Address of Employer _____ Type of bus _____
Dates employed _____ (From) _____ (To) _____ Salary _____ Title _____
2. Name & Address of Employer _____ Type of bus _____
Dates employed _____ (From) _____ (To) _____ Salary _____ Title _____
3. Name & Address of Employer _____ Type of bus _____
Dates employed _____ (From) _____ (To) _____ Salary _____ Title _____
- Do you have any restaurant/food service experience? _____ If yes, please explain _____
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Professional References (list three)

1. _____ (Name) _____ (Address) _____ (Phone)
2. _____ (Name) _____ (Address) _____ (Phone)
3. _____ (Name) _____ (Address) _____ (Phone)

Credit References

1. Bank/Finance Co. Name _____ Acct No _____
Address _____
Phone/Contact Person _____ Acct. type _____
2. Bank/Finance Co. Name _____ Acct No _____
Address _____
Phone/Contact Person _____ Acct. type _____
3. Bank/Finance Co. Name _____ Acct No _____
Address _____
Phone/Contact Person _____ Acct. type _____

Financial Data (attach additional sheets if necessary)

ASSETS	\$	LIABILITIES	\$
Cash on hand & in banks		Notes Payable	
Accounts Receivable		Accounts Payable	
Cash Value of Profit Sharing or Pension Plan		Mortgages	
Life Insurance Cash Value		Home	
Personal Items (Furniture, Jewelry)		First	
Autos		Second	
Home		Real Estate	
		Other	
Securities			
		Installment Loans	
Other Assets (list)			
		Other Obligations	
		TOTAL LIABILITIES	
		Net Worth (Assets minus Liabilities)	
TOTAL ASSETS		TOTAL LIABILITIES & NET WORTH	

Financial information as of _____ (Date) _____ (Signature)

Monthly Household Budget

INCOME	\$	EXPENSES	\$
Salaries		Mortgages/Rent	
Securities Income		Insurance	
Rental Income		Food	
Other Income		Taxes	
1.		Loans/Credit Cardds	
2.		Leisure Activities	
3.		School Activities	
4.		Clothing Expense	
5.		Other (list)	
		1.	
		2.	
		3.	
		4.	
TOTAL INCOME		TOTAL EXPENDITURES	

The undersigned hereby certify(s) that the information given in this questionnaire is true and that no relevant information known by me (us) has been omitted. I (we) also authorize RE/MAX Teamwork Commercial Division to make any inquires necessary to verify the accuracy of the information stated herein.

(Signature) (Date) (Signature) (Date)