



## Confidential Questionnaire

First Name:		Phone:	
Last Name:		Email:	
Spouse/Partner:			
Address:		City:	
State/Province:		Country:	
		Zip/Postal:	
In what locations would you prefer to own and operate your business? <i>(Please list City/Province or Zip/Postal code)</i>			
Choice 1		Choice 2	
		Choice 3	
Time frame to begin:			
LinkedIn Profile:			
Have you researched any other franchise offerings? If so, which ones?			

What type of business appeals to you:(Check all that apply)

Retail		Consumer Products		Owner Operator	
Home Based		Food & Beverage		Semi-Passive Ownership	
Mobile		Service Industry		Executive Model	

Are you a U.S. Citizen?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Are you a Veteran?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Will you need funding?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	If "Yes", Credit Score?				
Do you anticipate having partners?					<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
Total Liquid Cash Available to Invest:									
Total Investment Range <i>(Liquid Cash plus any Borrowed Funds):</i>					to				
Estimated Net Worth <i>(Total Assets less Liabilities)</i>									

On a scale of 1-10 (10 being the highest) please rate your interests in all 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/ High 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	

*Please Save and then Email your completed Questionnaire to deb@accessfc.com*