



yourfranchiseresource.com

Initial Qualification Form

The following information is necessary in evaluating your qualification to be awarded a franchise. Should you qualify and a mutual interest develops, additional information may be requested. This form must be completed before continuing with the franchise process. The information you provide will be treated in the fullest confidence. Completing this questionnaire does NOT obligate you to Peerless Franchise, LLC in any way. If more than one person (or couple) will be involved, please complete a separate form.

Personal Information

Date _____

Name _____ Date of Birth _____

Address _____

City _____ State _____ ZIP _____ Own __ Rent __ How long? _____

Business Phone _____ Home Phone _____ Best time to call _____

U.S. Citizen? Yes __ No __ If no, citizen of what country? _____

Marital Status: Single __ Married __ Divorced __ Widowed __ Spouse's Name _____

Spouse's Occupation _____ Number of Dependents _____

Will your spouse be involved in the business? Yes __ No __

Are you currently using the services of a Franchise Consultant/Coach? Yes__ No __

Have you ever been self-employed? Yes __ No __

If yes, what type of business? _____ When? _____

How long have you been looking for a business? _____

When do you plan to start running a franchise business? _____

What other businesses have you looked at? _____

What other businesses are you still considering? _____

Will you have partners other than your spouse? Yes __ No __

What attracts you to business ownership – and what are you looking for or expecting in owning your own business? _____

Will you be an Owner-Operator or Investor? _____

Are you interested in multiple units? _____

What amount of time do you plan to devote to the business? Full-time __ Part-time __

Income expectations: _____

After first year _____ After second year _____ After third year _____

Present Occupation

Company _____ Date Started _____

Address _____

Position _____ Monthly Income _____

Previous Experience

Company _____ From _____ To _____

Address _____

Position _____ Monthly Income _____

Financial Information

When you find the perfect business, how much money are you prepared to invest? _____

Where will the funding come from to pay for the franchise opportunity? (Be specific)

Source of Income

Notes

Salary: _____

Bonus/Commissions: _____

Dividends: _____

Real Estate Income: _____

Other Income: _____

Total: _____

Assets	Liabilities
Cash on Hand:	Notes Payable to Banks:
Savings Account:	Notes Payable to Others:
Cash in Profit-Sharing or Other Company Programs:	Installment Accts. Payable:
Accounts and Loans Receivable:	Mortgage Payable (1 st):
Life Insurance (Cash Value):	Mortgage Payables (2 nd):
Stocks and Bonds:	Unpaid Real Estate Taxes:
Real Estate:	Unpaid Income Taxes:
Automobiles (in own name):	Secured Loans:
Personal Property:	Other Debt:
Value of Business (if self-employed):	
Other Assets:	
Total Assets:	Total Liabilities:
Total Net Worth (Assets Less Liabilities):	

Do you plan to borrow against your home? Yes ___ No ___ Amount of Equity _____

Circle and rank 4 categories that are of the most interest to you and tell us why. Also please cross out any categories that are of no interest of all.

Automotive	Computer Tech	Maintenance	Hair Styling
Employment & Personnel	Maid Service & Cleaning	Retail Sales	Coffee
Laundry & Dry Cleaning	Repair/Restoration/Decorating	Child Education	Health, Beauty & Nutrition
Printing & Copying	Sports	Food-Related Businesses	Packaging & Mailing
Building, Storage	Financial Services	Management & Training	Misc. & Unique
Energy	Signs		

Other:

Acknowledgement

*I certify that the information provided on this questionnaire is complete and accurate. I hereby authorize verification of the above information from credit-reporting agencies. It is understood that this is a preliminary application and does not bind any party to any obligation. **THIS IS NOT A CONTRACT.***

Applicant's signature _____ Date _____

Co-applicant's signature _____ Date _____

Do you know anyone else who would benefit from the services offered by Peerless Franchises, LLC?

Yes ___ No ___

If so, may we contact them? *(Please provide name and contact information below.)*

Name _____

Phone _____ E-mail _____

Please return this form as soon as possible by mail, e-mail or fax to:



yourfranchiseresource.com

E-mail: paul@yourfranchiseresource.com

Fax: 207-846-0057

Mail:

Peerless Franchises, LLC
500 U.S. Route One, Suite 21B
Yarmouth, Maine 04096

Initial Qualification Form: Quick Financial Analysis

Circle only one of the corresponding letters that represents the closest match in each category.

1. Liquid Capital Available (can write a check for)

- a. Less than \$20,000
- b. \$20,000-\$30,000
- c. \$30,000-\$50,000
- d. \$50,000-\$100,000
- e. Above \$100,000

2. Total Amount Willing/Able to Finance

- a. Less than \$50,000
- b. \$50,000-\$100,000
- c. \$100,000-\$250,000
- d. \$250,000-\$500,000
- e. Above \$500,000

3. Net Worth

- a. Under \$100,000
- b. \$100,000-\$200,000
- c. \$200,000-\$500,000
- d. Above \$500,000

4. Business Setup

- a. Home Based
- b. Virtual Office
- c. Business Space
- d. Retail Space
- e. Industrial Space

5. Net Income Expectations

- a. Under \$40,000
- b. \$40,000-\$60,000
- c. \$60,000-\$100,000
- d. Above \$100,000

6. Location/Territory Preference

- a. Single Unit/Territory
- b. Multiple Locations/Territories

7. Employee Management

- a. No employees
- b. 1-3 Employees
- c. 3-10 Employees
- d. Over 10 Employees

8. Monthly Overhead Expense Preference

- a. Less than \$500 per month
- b. \$500 to \$3,000 per month
- c. \$3,000-\$7,000 per month
- d. Above \$7,000 per month

9. Inventory On Hand Preference

- a. No inventory
- b. Less than \$3,000 on hand
- c. \$5,000-\$25,000 on hand
- d. Above \$25,000 on hand

10. Desired Hours of Operation

- a. No Set Hours
- b. 9 a.m. to 5 p.m.
- c. 6 a.m. to 10 p.m.

- d. 24 Hours

11. Desired Operational Days

- a. No Set Schedule
- b. Open 5 Days Per Week
- c. Open 6 Days Per Week
- d. Open 7 Days Per Week

12. Franchise Skill Level Preference

- a. Professional Level (Direct Sales, Consulting)
- b. Management Level (Organizational Management)
- c. Craftsman Level (Significant Training, Possible License Required)
- d. Entry Level (Hourly Employee)

13. Name Recognition

- a. Not Important
- b. Limited Brand Name
- c. Regional Brand Name
- d. National Brand Name

14. Franchise Support

- a. No Support Wanted
- b. Minimal Support as Needed
- c. Direct Interactive Support
- d. Quarterly Hands-On Support

15. Ownership Preference

- a. Part-Time
- b. Passive
- c. Active Individual
- d. Active Family

- e. Multiple Owners

16. Time Frame for Starting Franchise

- a. Immediate
- b. 1-3 Months
- c. 3-6 Months
- d. 6-12 Months
- e. More Than 1 Year

17. Franchise Model Preference

- a. Traditional Business Model
- b. Unique Business Model (Niche Industry)
- c. Next Generation Business Model (Trend Setting)

18. Franchise Model Preference

- a. Retail Shop or Food Industry
- b. Service (Provide skilled services to the general public)
- c. Home Based
- d. Business-to-Business (Products/Services exclusively to businesses)
- e. Passive/Absentee (Investment return is most important characteristic)