



FRANCHISE OPPORTUNITIES QUESTIONNAIRE

G.O. Franchise, Inc.

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YOUR RESPONSES TO THIS QUESTIONNAIRE ARE CONFIDENTIAL.
YOUR PRESENT EMPLOYER WILL NOT BE CONTACTED WITHOUT YOUR APPROVAL.
SUBMITTING THIS QUESTIONNAIRE DOES NOT OBLIGATE YOU IN ANY WAY.

CHECK DESIRED OPENING TIME FRAME: NOW-60 DAYS 61-90 DAYS 3-6 MOS 6-12 MOS

PERSONAL DATA

Name _____ Age _____ Marital Status _____ No. of Dependants _____

Address (Home) _____ Years There _____

City _____ State _____ Zip Code _____

Address (Business) _____

City _____ State _____ Zip Code _____

Telephone (Home) (_____) _____ (Business) (_____) _____

BUSINESS REFERENCES *(Other Than Current Employer)*

Bank _____ Contact _____

Address _____

City/State/Zip _____ Phone (_____) _____

Business _____ Contact _____

Address _____

City/State/Zip _____ Phone (_____) _____

PERSONAL REFERENCES *(Please List Persons That Have Known You for Two or More Years)*

Name _____ Phone (_____) _____

Address _____ Years Known _____

City/State/Zip _____

Name _____ Phone (_____) _____

Address _____ Years Known _____

City/State/Zip _____

