



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 _____

FINANCIAL DATA *(Your Personal Financial Statement May Be Requested at the First Meeting)*

What is your approximate net worth? _____

How will you obtain cash and/or credit to manage the \$219,000 to \$293,500 investment required? Be specific.
(If applying for an SBA loan, you must have at least \$75,000 cash to qualify.)

BUSINESS HISTORY *(Please Have A Resume Available At the First Meeting)*

Have you ever or do you currently own a Franchise business? YES NO

Name of franchise _____

Have you ever failed in business? YES NO

Compromised with creditors or filed bankruptcy? YES NO

Please explain if YES _____

Have you ever been involved in litigation regarding your business interests? YES NO

Please explain if YES _____

FIRST CHOICE FOR YOUR LOCATION:

Address _____

City/State/Zip _____

SECOND CHOICE: Address _____

City/State/Zip _____

THANKS FOR YOUR INTEREST. PLEASE PRINT THIS PDF, FILL OUT & FAX TO: (972)698-7545