

# AT Franchise Consultants Franchise Qualification Questionnaire

## Personal Information

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Name: Last	First	Middle	Date of Birth
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Address:	City	State	County	Zip Code
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Home / Work Telephone	Cell Phone	Email Address
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* Social Security #	* Drivers License # / State Issued	Are you a U.S. Citizen?	Marital Status
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Spouse Name: Last	First	Middle	Date of Birth
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## Education

Circle Highest Grade Completed:      High School: 1 2 3 4    College: 1 2 3 4 5 6

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List Name(s) of Colleges/Universities Attended	Dates Attended	List Degrees
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## Business History – Employment

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Company	Start - End Dates	Title	Business Type / Industry	Annual Salary
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Company	Start - End Dates	Title	Business Type / Industry	Annual Salary
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Company	Start - End Dates	Title	Business Type / Industry	Annual Salary
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Do you or have you ever owned any other business not listed above?    If so what was the business?

## General

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Do you plan to operate the business yourself?    If not, who will?      Do you intend to have a partner?

Please list the areas of preference for your franchise.

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City/State/County	City/State/County	City/State/County
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Why do you wish to purchase a franchise?

If your application is approved, when would you like to open your business? \_\_\_\_\_

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Please list out any business or franchise categories that interest you.

Please list out the years of experience you have in each of the following business areas.

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Sales	Marketing	Management	Administration	Accounting/Finance
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List out any special skills, skilled craftsmanship, or certifications that you have.

**Financial**

**Assets**

Cash on Hand and in Banks	\$	_____
U.S. Government Securities	\$	_____
Accounts, Loans and Notes Receivable	\$	_____
Cash Surrender Value Life Insurance	\$	_____
Value of Businesses Owned	\$	_____
Other Stocks and Bonds	\$	_____
Real Estate	\$	_____
Automobiles – Number ( )	\$	_____
Household Furnishings & Personal Effects	\$	_____
Other Assets (itemize)	\$	_____
<b>Total Assets:</b>	\$	_____

**Liabilities**

Notes Payable	\$	_____
Real Estate Notes Payable	\$	_____
Total Credit Card Debt	\$	_____
Other Liabilities & Debt (itemize)	\$	_____
<b>Total Liabilities:</b>	\$	_____

**Net Worth** (Assets minus Liabilities): \$ \_\_\_\_\_

**Sources of Income**

Salary	\$	_____
Spouse	\$	_____
Dividends and Interest	\$	_____
Bonus and Commissions	\$	_____
Other Income	\$	_____
<b>Total Income:</b>	\$	_____

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How much money are you prepared to invest in the franchise? Where will the funds come from?

Have you ever declared bankruptcy? \_\_\_\_\_

The undersigned certifies that the information provided in this franchise qualification 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.

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Signature

Print Your Name

Date

**Please email, fax, or mail this completed form to:**

AT Franchise Consultants  
4714 E. Prickly Pear Trail  
Phoenix, AZ 85050

Phone: 800-991-8802 Fax: 480-422-6700

Email: [info@atfranchise.com](mailto:info@atfranchise.com) Web Site: [www.atfranchise.com](http://www.atfranchise.com)

\* Alternatively this information can be supplied directly to the franchise company after they have contacted you.