

**AT Franchise Consultants**  
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**Initial Franchise Qualifying Form / Referral Form**

**Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_ (am/pm)

**Name:** \_\_\_\_\_ **Hm Ph:** \_\_\_\_\_ **Wk Ph:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **ST:** \_\_\_\_\_ **ZIP** \_\_\_\_\_

**Email Address:** \_\_\_\_\_ **What business are you in now?** \_\_\_\_\_ **How Long?** \_\_\_\_\_

**Why are you looking to start a business?** \_\_\_\_\_

**How long have you been looking for a business?** \_\_\_\_\_ **Are you married?** \_\_\_\_\_

**Spouses name?** \_\_\_\_\_ **What business is he/she in?** \_\_\_\_\_

**Any other partners?** \_\_\_\_\_ **Who/how many?** \_\_\_\_\_

**What other businesses have you looked at?** \_\_\_\_\_

**What did you like about them?** \_\_\_\_\_ **Dislike?** \_\_\_\_\_

**What is important to you in starting a business?** \_\_\_\_\_

**Are you looking at existing businesses?** \_\_\_\_\_ **What?** \_\_\_\_\_

**Have you considered a startup without franchising?** \_\_\_\_\_ **What?** \_\_\_\_\_

**What is your timeframe to open a business?** \_\_\_\_\_ **What is driving that timing?** \_\_\_\_\_

**Franchise Type?** Home-based/ Retail/Food/Service/B2B/ \_\_\_\_\_ **F/T or P/T** \_\_\_\_\_ **Active/Passive Ownership** \_\_\_\_\_

**Hire employees in your franchise?** \_\_\_\_\_ **How Many?** \_\_\_\_\_ **Mgmt. Exp.** \_\_\_\_\_

**Desired hours of Operations** \_\_\_\_\_ **Days?** \_\_\_\_\_ **Income Expectations? \$** \_\_\_\_\_

**Have you owned a business before?** \_\_\_\_\_ **What kind?** \_\_\_\_\_

**Why not in it now?** \_\_\_\_\_ **Like/dislike about it?** \_\_\_\_\_

**What is your investment range?** \_\_\_\_\_ **How much cash to Invest?** \_\_\_\_\_

**Net Worth?** \_\_\_\_\_ **Financing?** \_\_\_\_\_ **How much?** \_\_\_\_\_ **Kind (SBA/Home Loan/other)?** \_\_\_\_\_

**What are the most important elements of your new business:** \_\_\_ **Entry Cost** \_\_\_ **Ease of Operation** \_\_\_ **Prestige**  
\_\_\_ **Potential to Build Equity** \_\_\_ **Time Commitment** \_\_\_ **Proximity to Home** \_\_\_ **Family Involvement** \_\_\_ **Net Profit**  
\_\_\_ **Product or Service**

**What are your most valuable skills:** **Mgmt.** \_\_\_\_\_ **Sales** \_\_\_\_\_ **Marketing** \_\_\_\_\_

**Business Development?** \_\_\_\_\_ **Skilled Craftsmanship?** \_\_\_\_\_ **Other?** \_\_\_\_\_

**When do usually get home from work?** \_\_\_\_\_ **Spouse?** \_\_\_\_\_

**Location Preference:** \_\_\_\_\_ **Comments?** \_\_\_\_\_