

# Confidential Questionnaire

Please print or type completely

## 1. Personal Data

Your Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Home Address \_\_\_\_\_ How Long? \_\_\_\_\_  
City \_\_\_\_\_ State/Prov. \_\_\_\_\_ Zip \_\_\_\_\_  
E-mail Address \_\_\_\_\_  
Home Phone ( ) \_\_\_\_\_ Best Time To Call \_\_\_\_\_  
Work Phone ( ) \_\_\_\_\_ Best Time To Call \_\_\_\_\_  
Cell Phone ( ) \_\_\_\_\_ Best Time To Call \_\_\_\_\_  
Education (circle one): 8 9 10 11 12  
College \_\_\_\_\_ Degree \_\_\_\_\_ Major \_\_\_\_\_  
Professional Affiliations \_\_\_\_\_

References:

Name	Address/Phone	Years Known
_____	_____	_____
_____	_____	_____
_____	_____	_____

## 2. Employment & Business Data

Are you now self-employed?  Yes  No (if not please skip to current employment)

Firm \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State/Prov. \_\_\_\_\_ Zip \_\_\_\_\_  
Type of Business \_\_\_\_\_ Your Title \_\_\_\_\_  
Yearly Sales \_\_\_\_\_ Number of Employees \_\_\_\_\_ Years in Business \_\_\_\_\_

### Current Employment:

Self: Current Firm _____	Spouse: Current Firm _____
Address _____	Address _____
City/State/Prov. _____	City/State/Prov. _____
Position/Title _____	Position/Title _____
Present Salary _____	Present Salary _____
Started: Year _____ To _____	Started: Year _____ To _____
Description of Work _____	Description of Work _____
_____	_____
_____	_____

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Your Previous Business Experience (list in order):

Firm	Address	From	To	Position	Annual Gross Income

### 3. Financial Data

Present Financial Status:

#### Assets

Cash On Hand & In Bank \$ \_\_\_\_\_  
 Savings Funds/Certificates \$ \_\_\_\_\_  
 Stocks, Bonds & Securities \$ \_\_\_\_\_  
(Not Including Retirement Accounts)  
 Home/Real Estate Value \$ \_\_\_\_\_  
 Retirement \$ \_\_\_\_\_  
 Other Assets \$ \_\_\_\_\_  
(Please Describe)  
 \$ \_\_\_\_\_  
**Total Assets** \$ \_\_\_\_\_

#### Liabilities

Mortgage \$ \_\_\_\_\_  
 Auto Loans \$ \_\_\_\_\_  
 Home Equity \$ \_\_\_\_\_  
 Credit Cards \$ \_\_\_\_\_  
 Other Liabilities \$ \_\_\_\_\_  
(Please Describe)  
 \$ \_\_\_\_\_  
**Total Liabilities** \$ \_\_\_\_\_

<b>Net Worth</b>	\$ _____	-	\$ _____	=	\$ _____
	<small>Total Assets</small>		<small>Total Liabilities</small>		<small>Net Worth</small>

How would you rate your credit?  Excellent  Average  Poor

Cash available for investment in this business? \$ \_\_\_\_\_

If additional funds are required for this business, are they available to you? \_\_\_\_\_

Please explain \_\_\_\_\_

Do you plan to have a partner? \_\_\_\_\_ If so, will the partner be active? \_\_\_\_\_

Do you plan to have investors? \_\_\_\_\_ If so, to what extent? \_\_\_\_\_

City or locale preferred 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

# Confidential Questionnaire

When would you want to open your franchise? \_\_\_\_\_

What are your reasons for investing in a franchise?

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

What are some of the questions you have concerning operating your franchise business?

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

As I consider my experience and abilities, I am confident that I can successfully operate a SuperCoups® Franchise because:

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Comments:

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It is understood that the purpose of this Questionnaire is for general information. It is, however, understood that the Company relies on these facts in assessing the desirability and qualifications of the applicant. This is not a contract and thereby does not incur an obligation on either party. I understand that misrepresentation or omission of facts is cause for termination by SuperCoups of any agreement entered into with SuperCoups

To make possible a full evaluation of the undersigned's suitability to become a SuperCoups Franchisee, the undersigned authorizes SuperCoups and its agents to perform or have performed for it any credit and background check on the undersigned which is deemed appropriate by SuperCoups and/or its agents.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Please return the completed form to Franchise Licensing via fax or mail.

**FAX:** 508-977-0457    **Mail:** Franchise Licensing, 350 Revolutionary Drive, E. Taunton, MA 02718.