



CONFIDENTIAL QUESTIONNAIRE

The following information is necessary in evaluating your qualifications to be awarded a franchise. Should you qualify and a mutual interest develops, additional information may be requested.

The information you provide will be treated in the fullest confidence. Completing this questionnaire does NOT obligate you in any way. If more than one person (or couple) will be involved, please attach a separate completed form.

WHEN COMPLETED PLEASE FAX BACK TO: 608-827-5497

Personal Data:

Date:

Name:

Street Address:

City: State: Zip code:

Mailing Address:

City: State: Zip code:

Home #:

Bus #:

Cell #:

Fax #:

Best Time To Call?

Email:

Spouse: Occupation:

Will your spouse be active in the franchise? Yes: No :

If Yes, what capacity?