

**AT Business Group
Franchise Qualification Questionnaire**

Personal Information

Name: Last First Middle Date of Birth

Address: City State County Zip Code

Home / Work Telephone Cell Phone Email Address

* Social Security # * Drivers License # / State Issued Are you a U.S. Citizen? Marital Status

Spouse Name: Last First Middle Date of Birth

Education

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

List Name(s) of Colleges/Universities Attended Dates Attended List Degrees

Business History – Employment

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

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.

City/State/County City/State/County City/State/County

Why do you wish to purchase a franchise?

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

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.

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)	\$	_____
Total Assets:	\$	_____

Liabilities

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

Net Worth (Assets minus Liabilities): \$ _____

Sources of Income

Salary	\$	_____
Spouse	\$	_____
Dividends and Interest	\$	_____
Bonus and Commissions	\$	_____
Other Income	\$	_____
Total Income:	\$	_____

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.

Signature

Print Your Name

Date

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

AT Business Group
4714 E. Prickly Pear Trail
Phoenix, AZ 85050

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

Email: info@atbusinessgroup.com Web Site: www.atbusinessgroup.com

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