

**Initial Inquiry Form for Franchise Information**

Date:     /     /

How did you hear about this opportunity? Newspaper  Franchise Mag  Internet Search

Franchisee  Radio  TV  Mediterranean Food Warehouse Website

Other .....

Name: Mr / Mrs / Miss / Ms.....

Name: Mr / Mrs / Miss / Ms.....

Street Address .....

Business Ph ..... Fax..... Mobile .....

Home Ph ..... Best time to call ..... Email .....

Age 20-30 31-40 41-50 51-60 Marital Status .....

Health     Good    Fair    Poor

Are you a citizen of New Zealand? Yes  No  If not, what country? .....

Spouses/Partners Name..... Age 20-30 31-40 41-50 51-60

Spouses/Partners Employment .....

Dependents Ages if under 21 .....

What are you currently doing?.....

What work did you do before?.....

**EDUCATION INFORMATION**

Highest qualification received .....

Detail any sales, marketing or management training .....

Other skills or qualifications that will be used in the Franchise

**BUSINESS EXPERIENCE**

Present / Most Recent Position .....

Previous Position .....

Have you ever owned a business or been self employed? Yes  No  If yes, give details? .....

Have you ever owned a Franchise? Yes  No

If yes, what type? .....

Do you understand how a franchise works? .....

Other Business Affiliations (Director, Partner, etc) .....

What other business opportunities are you looking at.....

Have you viewed the website? Yes  No

**FINANCING THE BUSINESS**

Sources of capital you plan to use to establish your Franchise: .....

Is the approx capital cost of 400 -500k within your investment level?  
.....

**BUSINESS ASPIRATIONS**

What appeals to you about this business? .....

How soon would you like to be in business? .....

Please indicate your preference for a Franchise Territory .....

Are you applying as: An individual  A Private Company  or as a Partnership?

If a Partnership, please give name(s) .....

What are your reasons for going into your own business? .....

What are your long term goals?.....

Will your family be involved with you in the business?.....

Do you plan to devote yourself full time to this Franchise? Yes  No

If no, please state how you propose to operate the business .....

Will the Franchise be your sole income source? Yes  No  If no, describe other sources of income  
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