



Franchising

Please print clearly. Check one box per question unless otherwise indicated.

First Name

Last Name

Legal Name Of Business

State The Business Is Registered

Email

Mobile Phone Number

What type of business is this/or are seeking?

Are you looking to buy an existing franchise?

☐ No

☐ Yes

Are you looking to have your existing business franchised out to other people and other locations?

☐ No

☐ Yes

Do you have working capital?

☐ No

☐ Yes

Do you need us to get you Financing/Financing Sources?

☐ No

☐ Yes

Are you currently working with a franchise company?

☐ No

☐ Yes

Disclaimer

All coaching advice of any and all sort, and all platform advice, and all business advice, and group meeting advice, of any sort, is not to be deemed as, nor relied upon as, nor to be construed as Financial Advice, Legal Advice, Accounting Advice, Insurance Advice, Stock Market Advice, or other.

Signature

Date

Printed Name