



Request for Consideration

**Please complete both sides of this form in full. Please print or type clearly.
The completion of this form does not obligate you or FAST-FIX in any fashion.**

Name		Name (Spouse)	
Address		Are you married?	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Divorced
			<input type="checkbox"/> Widowed
Telephone: Day		Cell Phone #	
Telephone: Evening		Email	
How did you first hear about our opportunity?			
Have you visited one of our locations?		<input type="checkbox"/> YES <input type="checkbox"/> NO	
I am most interested in	<input type="checkbox"/> Single Unit	<input type="checkbox"/> Area Development	<input type="checkbox"/> Master Franchise
Country/Market Choices	(1)	(2)	(3)
Education			
School Attended:	Years:	Degree:	
School Attended:	Years:	Degree:	
School Attended:	Years:	Degree:	
Employment			
Current Employer:		Number of years:	
Address:			
		Phone Number:	
Position		Contact at work number: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Previous Employer:		Number of Years:	
Address:			
		Phone Number:	
Position:			
What personal goals would you like to achieve by owning your own business? Rank the most important with a 1 and the least important with a 10. Use numbers 1 through 10 only once.			
<i>Control of future</i>		<i>Build a business</i>	<i>Personal Growth</i>
<i>Flexibility of time</i>		<i>Family involvement</i>	<i>Community</i>
<i>Income level</i>		<i>Build to sell</i>	<i>Be my own boss</i>
<i>Other ()</i>			
How would you rate your following business skills?			
<i>Sales</i>	<i>Excellent</i>	<i>Very Good</i>	<i>Good</i>
<i>Management</i>	<i>Excellent</i>	<i>Very Good</i>	<i>Good</i>
<i>Organization</i>	<i>Excellent</i>	<i>Very Good</i>	<i>Good</i>
<i>Financial</i>	<i>Excellent</i>	<i>Very Good</i>	<i>Good</i>
<i>Marketing</i>	<i>Excellent</i>	<i>Very Good</i>	<i>Good</i>
<i>Customer Svc.</i>	<i>Excellent</i>	<i>Very Good</i>	<i>Good</i>
Have you owned your own business before?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please explain:			
How soon would you like to start this business: <input type="checkbox"/> Immediately <input type="checkbox"/> 3 to 6 months <input type="checkbox"/> 7 to 12 months <input type="checkbox"/> 1 year +			

Personal Information			
Cash (Checking & Savings)	\$	Notes Payable-Banks	\$
Stocks/Bonds		Other:	
CD's		Other:	
Accounts/Notes Receivable		Other:	
Real Estate-Home		Credit Card Debt	
Other:			
Other:			
Automobiles:		Automobile Debt	
		Other Accounts Payable	
Personal Property & Furniture		Mortgage- Home	
Retirement Accts: IRA		Line of Credit	
401 (k)		Other:	
Other:		Other:	
Other:		Unpaid Real Estate Taxes	
Other Assets- Itemize		Unpaid Income Taxes	
		Secured Loans	
		Other:	
		Other:	
TOTAL ASSETS	\$	TOTAL LIABILITIES	\$
NET WORTH		\$	

Yearly Income from Present Occupation	\$
Other Yearly Income	\$
Spouse's Yearly Income	\$
Spouse's Present Occupation	
Minimum Income needed to maintain current lifestyle: \$	
Would this business be your only source of income? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If no, please explain:	
Do you intend to run this business yourself: <input type="checkbox"/> Yes <input type="checkbox"/> No	
If no, please explain:	
Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, Please explain:	
Have you ever declared bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, Please explain:	

I certify that the information I have submitted on this form is complete and correct. I understand that the information I am providing is confidential and will not be shared with anyone without my permission and will be held in strict confidence. I hereby grant permission to contact or procure my consumer report and/to obtain information concerning my credit, criminal, motor vehicle, state and/or local governmental agencies and other pertinent history prior to granting a franchise. If there is a partner involved in this business, I understand that he/she/they will also be required to complete this form as well prior to being granted a franchise.

Signature: _____ Date _____

Signature (Spouse): _____ Date _____

When completed, please fax this form to: +1 (561) 330-6062