

BAR GROUP ASSOCIATES, LTD.

FRANCHISE QUALIFICATION FORM

Franchisor Follow Up:

Date: _____

Referring Agent: _____

Comments: _____

Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Home Phone: _____

Best Time to Reach You: _____

Financial Profile: Liquid Cash: _____ Net worth: _____

Targeted Investment Level:

\$20K to 50K \$50K to 100K \$100K to 150K \$150K to 200K \$200K to 400K Over \$400K

When Would You Like To Get Started? _____ Months **Partnership:** Yes _____ No _____

General Education: (circle) High school College: 1 2 3 4 Degrees (state & give details)

Professional Associations: _____

Work Experience: _____

County: _____ **State:** _____ **Zip:** _____

Business: _____ **Fax:** _____