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Global Funding, Inc.

FRANCHISEE QUESTIONNAIRE:

Firm Name: _____

DBA/Franchise Name: _____

1. What is your motivation for opening a franchise at this time?

2. How did you select this particular franchise concept?

3. Please summarize your credit profile over the past 5 years.

A. Any outstanding tax liens, bankruptcy or judgments? yes____ no____
 B. Do you know your credit score/FICO score? yes____ Score?____ no____
 C. Bankruptcy within the past 10 yrs. (Principals or wives)? yes____ no____

4. Has the franchise fee been paid? yes____ no____ Store # _____

Who is/are the Franchisee(s) of Record: _____

Location: _____

(street address, city, state & zip code)

5. Has the above location been secured for this franchise? yes____ no____

(If yes, please provide a copy of the space lease)

6. What do you feel are the strengths and weaknesses of this location?

7. Please list Co-Tenants (if applicable):

8. Who will manage the day to day operation at this location?

(Please summarize the Manager's relevant experience or attach a resume.)

9. Is this the first location that you will open? yes___ no___

If YES, please go on to #10, if NO, please complete:

Opening Date	Name of Operating Entity	Type (Corp, LLC, Other)

USE ADDITIONAL SHEET IF NECESSARY (if more than 3 locations)

10. Do you own any other franchise agreements that are not yet opened? yes___ no___

11. Have you ever owned a business before, Franchise or Other? yes___ no___

A. If yes, provide details of that business _____

B. Do you still own that business?_____ If not, how did you dispose of it?

12. Will any of the owners (or spouses) keep their existing employment? yes___ no___

A. If yes, which owner/spouse(s)? Please use additional page if more than 3.

Name:_____ Relationship:_____

Occupation:_____ Employer:_____

How Long:_____ Annual Income_____

Franchisee Questionnaire
Page 3 of 3

Name: _____ Relationship: _____

Occupation: _____ Employer: _____

How Long: _____ Annual Income _____

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Name: _____ Relationship: _____

Occupation: _____ Employer: _____

How Long: _____ Annual Income _____

B. If this is a family business, which family members will work full time in the business? _____

C. If working full time, will they have an employment contract, earn ownership, or otherwise be compensated with ownership?

13. How much equity do you plan to invest in this business? _____

14. Will you be borrowing any funds in addition to this request?

Yes ___ No ___ Amount? _____ Source? _____

15. Does your landlord have an allowance for tenant improvements?

Yes ___ No ___ If yes, what is the dollar limit? _____

16. What is the anticipated opening date for this location: _____

17. Who is your contact person at Franchisor (Area Director or Development Agent)?

Name/Position: _____

Telephone Number: _____

Email Address: _____