



Franchise Preliminary Application Form

GENERAL INFORMATION

Have you ever visited a Wings-Pizza-N-Things before? <input type="checkbox"/> Yes <input type="checkbox"/> No	I am most interested in: (select one) <input type="checkbox"/> Single-unit Operation <input type="checkbox"/> Multiple-unit Operation
Location Preference 1st: _____ 2nd: _____ 3rd: _____	
How did you hear about Wings-Pizza-N-Things franchise?	

PERSONAL INFORMATION

Enter your name:		Social Security Number:	
First:	Last:		
Email Address:		Date of Birth: (mm/dd/yyyy)	
Home Phone: (000-000-0000)	Home Fax: (000-000-0000)	Cell Phone: (000-000-0000)	
Street Address:		Address Line 2:	
City:	State/Province	Zip Code	Best Time to Call: <input type="checkbox"/> AM <input type="checkbox"/> PM

EDUCATION

Highest Degree Earned:	Educational Institution Name:	Year Graduated: (yyyy)
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EMPLOYMENT

Employment Status: <input type="checkbox"/> Employed <input type="checkbox"/> Self-employed <input type="checkbox"/> Unemployed		Company Name:	
Street Address:		Address Line 2:	
City:	State/Province	Zip Code	Best Time to Call: <input type="checkbox"/> AM <input type="checkbox"/> PM
OK to contact you at work? <input type="checkbox"/> Yes <input type="checkbox"/> No	Please explain your business or restaurant experience: (experience not required)		

FINANCIAL INFORMATION

For pre-qualification purposes, your accuracy of the following is imperative.

Annual Income:	Other Income: (per year)	If qualified, when would you be ready to invest in your franchise?	
If you have other income, please explain:			
Residence: <input type="checkbox"/> Own <input type="checkbox"/> Rent	If own, current value:	Mortgage balance:	Total liabilities:
Total assets:	Net worth:	Investment cash available:	Financing available:
Would franchise be your sole source of income? <input type="checkbox"/> Yes <input type="checkbox"/> No	If No, please explain:		