

PEGASUS RENTAL CARS



Prospective Franchisee Questionnaire

Confidential

The attached questionnaire is provided to determine your suitability as a Franchisee. It should be completed fully in your own handwriting.

Please do not be offended if after preliminary discussions, we consider you unsuitable as a Franchisee. We believe the success of our Franchise System has been due to the careful choice and suitability of each Franchisee.

We suggest that the information be current and accurate.

To clarify your financial position you may be requested to produce proof of your financial situation.

This application is not a contract and is not binding on either party. It will be treated as confidential.

The information contained in this form is confidential and details will not be divulged to any person without authority.

Please print your answers

Preferred Area of Operation: _____

Full Name: _____

Address: _____

Telephone, Bus: _____ Home: _____

Email: _____

Date of Birth: _____ Age: _____ Marital Status: _____

Spouse's Full Name: _____ Age: _____

Number of Children: _____ Age of Children _____

How long have you lived at your present address? _____

Previous address: _____

How long did you live there? _____

Health: _____

Describe any physical disabilities or health problems: _____

List your interests and special skills: _____

Driver's Licence Number: _____ Licence Issued _____

PRESENT OCCUPATION
(Or previous occupation if between appointments)

Position: _____

Company: _____

Type of Business: _____

Period of employment with the company: _____

Describe responsibilities and number of people supervised:

PREVIOUS EMPLOYMENT

EDUCATION

(Please list any professional degrees or qualifications)

QUESTIONNAIRE

In order for both an individual and a company to grow, we must have common goals and beliefs. The following questionnaire will help determine your needs and ascertain whether or not they run parallel to our needs. Please be frank with your answers.

1. If you could have any job or position you wanted, what would you do?

2. What qualities do you have that you believe are valuable if you became part of this Franchise System?

3. What do you think is likely to make the difference between success and failure in your business?

4. What do you feel has been your greatest accomplishment?

5. What has been your greatest disappointment?
-
-
6. Have you taken steps to improve yourself in the recent past?
-
-
7. Why do you want to go into business?
-
-
8. Do you appreciate that nobody can predict the future of a business, regardless of the track record of the Franchisor? _____
Why do you think you will be successful?
-
-
9. How does your spouse feel about your interest in this Franchise?
-
10. Do you understand that you must make your own enquiries and get your own advice when considering this business opportunity?
-
-
11. What do you consider to be your greatest strengths?
-
-
12. What do most people often criticize you for?
-
-
13. What do you most often criticize others for?
-
-

14. What factors in the past have contributed most to your own development?

15. What factors would you say have been handicaps in preventing you from moving ahead more quickly in obtaining a business?

16. What else do you think we should know about you to understand you better and to determine what your association with us could mean?

17. Why are you considering going into business now?

PERSONAL REFERENCES

Name: _____

Address: _____

Telephone: _____ Nature of Association: _____

Name: _____

Address: _____

Telephone: _____ Nature of Association: _____

Name: _____

Address: _____

Telephone: _____ Nature of Association: _____

GENERAL INFORMATION

How do you intend to finance your investment?

Will you devote your full time to the business?

WILL your spouse be actively involved in the business? **YES/NO**

If yes, how many days per week? _____ Hours per day: _____

ARE YOU CONSIDERING A PARTNER? **YES/NO**

If yes, complete a separate application for your intended partner.

Partner's Name: _____

Partner's Address: _____

Partner's Percentage of the Business: _____

Who do you bank with? _____ Branch: _____

Who is the Solicitor you will rely on for your independent legal advice?

Name: _____

Firm: _____ Phone: _____

Who is the accountant you will rely on for your independent accounting advice?

Name: _____

Firm: _____ Phone: _____

Who else would you rely on for advice regarding the purchase of this Franchise?

I understand that the purpose of this questionnaire is to assess my suitability as a Franchisee.

I understand that referees and previous employers may be contacted.

I certify that the above information is true and correct.

Signed: _____ Date: _____