



Sukhadia's® Indian Cuisine
INITIAL REQUEST FOR INFORMATION

Name: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Business Ph.:(____) _____ Home Ph.:(____) _____ Cell Ph.:(____) _____

Best time to call: _____ Marital Status: _____

If married, Spouse Name: _____ Number of Children: ___ Ages: _____

How did you become aware of this franchise opportunity? _____

BUSINESS EXPERIENCE: *(Please list company name, type of business, position held, dates position held, and your most significant accomplishments.)*

PRESENT/MOST RECENT POSITION:

PREVIOUS POSITION:

HAVE YOU EVER OWNED A BUSINESS

Yes

No

IF YES, WHAT TYPE? _____

BUSINESS AND MANAGEMENT GOALS:

Do you plan to devote full time to this business venture?

Yes

No

Will your spouse be active in the franchise?

Yes

No

Do you plan to have equity partners?

Yes

No

Planned date to open the Franchise: _____

LOCATION PREFERENCE: 1. _____ 2. _____ 3. _____

FRANCHISE INVESTMENT:

Unencumbered Liquid Assets Available to Invest in a Franchise: _____

PLEASE ATTACH RESUME IF AVAILABLE.

SIGNATURE: _____

DATE: _____