

Fire Ant Solutions Request For Consideration Form



The purpose of this request for consideration is for general information in evaluating your qualifications to be awarded a **Fire Ant Solutions** franchise. This is not an application. Should you qualify and a mutual interest develops, we will request additional information.

(To be completed by each proposed partner of the Franchise Group.)

PERSONAL DATA (PLEASE TYPE DIRECTLY IN MICROSOFT WORD, OR PRINT AND WRITE LEGIBLY. TAB TO ADVANCE THROUGH FORM.)

Name	Address
Social Security No	Address
Business Phone	City State Zip
Home Phone	Years at Current Residence
Date of Birth: / /	Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Married <input type="checkbox"/> Divorced
Spouse Name	Number of Dependents Ages

How did you become aware of this franchise opportunity?

BUSINESS EXPERIENCE

Present / Most Recent Position	Previous Position	Previous Position
Company Name	Company Name	Company Name
Type of Business	Type of Business	Type of Business
Position Held	Position Held	Position Held
Dates Position Held	Dates Position Held	Dates Position Held
Responsibilities:	Responsibilities:	Responsibilities:

Have you ever owned a business? Yes No
If yes, what type?

Other business affiliations (Officer, Director, Partner, etc.)

BUSINESS AND MANAGEMENT GOALS

Do you plan to devote full time to this business venture? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have any pest control or business experience? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you plan to have equity partners? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever been a franchisee? <input type="checkbox"/> Yes <input type="checkbox"/> No
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PLEASE IDENTIFY ALL PARTNERS

Name	Name
Address	Address
City State Zip	City State Zip
Telephone % Ownership	Telephone % Ownership
Active in franchise?	Active in franchise?
Total number of units desired: During year 1-2: Year 3-4: Year 5-6:	Liabilities
Desired date to open first unit / /	Net Worth
Location Preference:	Unencumbered Liquid Assets
Address	Equity available for this franchise
City State Zip	

OTHER INFORMATION

Why do you believe you can successfully operate a **Fire Ant Solutions** franchise?

Additional information or comments that you might like to share with us in evaluating your request for consideration

PLEASE ATTACH RESUME IF AVAILABLE

I hereby authorize you to make investigations of my credit, character and ability, and to contact anybody, whether or not listed above, including former employers, in order to obtain personal information about me. I release all such persons from any liability or damages that may be incurred as a result of such an inquiry or the furnishing of such information. I also certify that the information on this statement is true and complete.

Signature

Date

Thank you for your interest. We will review your information promptly and respond by phone or mail.