



Please FAX completed form to:
270-575-6999
Or
Scan and email to:
terjar@dippindots.com

Request for Consideration

I would like to take the next step by filling out the below form, have additional confidential information provided to me and talk directly to a franchise manager or franchisee for my area of interest. I understand this in no way obligates either party in any manner. Information provided will be kept confidential.

Personal

Name: _____	Day Phone: _____
Home Address: _____	Cell Phone: _____
City: _____	Evening Phone: _____
State: _____ Zip: _____	Best Time To Reach You: _____
How did you learn about Dippin' Dots? _____	E-mail: _____

Business

Present Employer: _____	How long? _____
Position: _____	Are you a Veteran? Yes___ No___
What is your business expertise: _____	If so, which branch? _____
_____	_____
Retail food experience Yes___ No: ___	If Yes, explain: _____
_____	_____
If approved, how soon would you want to start? _____	_____
Location City and State choice: _____	_____
#1: _____	#2: _____

Financial

Assets

Cash in Banks: _____
 Stocks and Bonds: _____
 401K and Retirement Funds: _____
 IRA's: _____
 Real Estate Owned Value: _____
 Other: _____
Total Value: _____

Liabilities

Mortgage Owed: _____
 Bank Loans: _____
 Other Liabilities: _____
Total Liabilities _____
Compute Net worth: _____
 Total Assets: _____
 Less Total Liabilities: _____
Net Worth: _____

Total Cash Willing To Invest in Business: \$ _____
 Combined Household Income: ___ Under \$50,000 ___ \$50,000-\$75,000 ___ \$75,000-\$100,000 ___ \$100,000+
 Have you ever filed bankruptcy? _____ How do you plan to fund your business? _____

All of the above information is correct and Dippin' Dots has my permission to verify.

Signature _____ Date _____