



## Request for Consideration Form

The purpose of this request for consideration is for general information in evaluating your qualifications to be awarded a WITHIN License

This is not an application.

Should you qualify and a mutual interest develops, we may request additional information.

(To be completed by each proposed partner of the franchise group).

### PERSONAL DATA

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

### BUSINESS EXPERIENCE

Present Employer: \_\_\_\_\_

Title/Position: \_\_\_\_\_

### FINANCIAL INFORMATION

Annual Income: \_\_\_\_\_

Do You Have a Source of Financing? \_\_\_\_\_

Where: \_\_\_\_\_

Total Liquid Capital Available: \_\_\_\_\_

Estimated Net Worth: \_\_\_\_\_

OTHER INFORMATION

Preferred Location: City: \_\_\_\_\_ Province: \_\_\_\_\_

How Did You Find Out About Us? \_\_\_\_\_

\_\_\_\_\_

How Did You Become Interested? \_\_\_\_\_

\_\_\_\_\_

What are you Passionate About? \_\_\_\_\_

\_\_\_\_\_

When Are You Interested In Starting?

1 – 3 months       3 – 6 months       6 – 12 months

Upon completion of this initial application you will be contacted by a WITHIN representative to schedule a meeting.

PLEASE ATTACH RESUME IF AVAILABLE.

Signature:

Date:

Please fax completed form along with resume to: 866-577-8708