

Business Opportunity Questionnaire



Personal Information

Name:	Home Phone:	
Address:	Business Phone:	
City:	Province:	Postal Code:
Social Insurance Number:	Drivers License #:	
Email Address:		
Spouses Name:	Number Of Dependants:	

Employment Experience

Your Occupation:	Dates:	Employer:
Your Spouses Occupation:	Dates:	Employer:

Education

Level of Public Education Completed
Level of Post Secondary Education Completed

Self Employment Review

Will you devote yourself to the business full time? Yes ___ No ___
Are you considering a partner? Yes ___ No ___ Who?
Are you willing to relocate to open your new business? Yes ___ No ___
First Choice:
Second Choice:
Have you ever been Self Employed? If yes please outline business:
When do you plan on opening your own business? 3 months ___ 6 months ___ 1 year ___
What is the minimum income you require during the first year of operation? \$
Can you manage a minimum cash investment of \$30,000. Yes ___ No ___

Dated this ___ day of ___ 20___

Signature _____
Dunnville, Ontario N1A 2X5

Please mail or fax completed form to:
FastFit 30 Minute Fitness For Men
PO Box 266

(p) 905 701 4949 (f) 905 774 1096
www.fastfit.ca

