Prospect Call-in Sheet

(Take an extra 5 minutes on the call!)

| Name: | | Phone #: |
|--|------------|--------------------|
| Email address: | | |
| Type of business: SF N | eeded: | Inline/OP/endcap: |
| Own Business Now: If yes, how m | any years? | Where: |
| What do you like about your current location?: | | |
| What don't you like about your current location?: | | |
| More than one location: If yes, what makes you successful: | | |
| Current revenues: If no, have you completed a business plan: | | |
| Projected first year revenues: | | |
| *** What do you like about our center: | | |
| Start-up capital needed: | | oital do you have: |
| Any Partners?: Who will sign Le | | ease?: |
| Rent budget: Funding sources: | | es: |
| Have you researched the area: | | |
| Why do you like the area: | | |
| What other areas/centers have you looked at: | | |
| Sign needs: | Parkin | g needs: |
| Tough Stuff: A Personal Guarantee is require | d. | |
| Other issues that may pose as objections down the line: | | |
| | | |