THE WAY INC. Initial Franchisee Questionnaire



Date:		The Way Inc 204 Street A
Name:		Picayune, MS 39466 Phone: 601-798-5757
Address:		Fax: 601-798-5161 www.TheWayInc.com
City and State:		Franchise@TheWayInc.com
Zip:		
Phone:		
E-Mail:		
Date of Birth:		
Please summarize your credentials (attach rest including any relevant experience):	me, Wha	t area or territory(ies) would you like to operate in?

PERSONAL INFORMATION (this information will be substantiated and verified upon acceptance as an ideal franchisee candidate and before the dissemination of the Universal Franchise Offering Circular) and will be kept strictly confidential:

Highest level of	Business Currently
education reached:	Employed In:
Do you currently	How long have you
own a business (if	been looking to
yes what type)?	buy a franchise?

PERSONAL FINANCIAL INFORMATION (this information will be substantiated and verified upon acceptance as an ideal franchisee candidate and before the dissemination of the Universal Franchise Offering Circular) and will be kept strictly confidential:

What is your Total Net Worth:		What is your Liquid Net Worth:	
What financial resources do you plan to use for your up-front cash investment?	 Savings Home Equity Stocks Retirement Credit Other If other please specify: 	Any additional comments on personal finances:	

Have you been subject to or convicted of any administrative, criminal or civil action alleging a violation of any franchise law, fraud, embezzlement, fraudulent conversion, restraint of trade, unfair or deceptive practices, misappropriation of property or comparable allegations?

Yes (explain on a separate page)

🗌 No

Any additional comments or considerations regarding this franchise application:			