

EQUITY FINANCIAL GROUP, INC.

FRANCHISE QUALIFICATION FORM

Franchisor Follow Up:

Date: _____

Referring Agent: _____

Comments: _____

Company Name:

Equity Financial Group Inc.

Christopher S. Whitener

PO Box 2841

Hickory, North Carolina 28603

Phone: (828)324-0710 Fax: (828)324-0700

E-Mail: info@equityfinancialgroup.biz

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____

Best Time to Reach You: _____

Financial Profile: Liquid Cash: _____ Net worth: _____

Targeted Investment Level:

\$20K to 50K \$50K to 100K \$100K to 150K \$150K to 200K \$200K to 400K Over \$400K

When Would You Like To Get Started? _____ Months Partnership: Yes _____ No _____

General Education: (*circle*) High school College: 1 2 3 4 Degrees (state & give details)

Professional Associations: _____

Work Experience: _____

County: _____ State: _____ Zip: _____

Business: _____ Fax: _____