



**PRELIMINARY CONSIDERATION FORM**

- All information will be kept strictly confidential by Siruvai Franchise Inc. -

Mr./Mrs./Ms. \_\_\_\_\_ Spouse: \_\_\_\_\_

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

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_ Work: \_\_\_\_\_

Home:  Own  Rent Email Address: \_\_\_\_\_

Best Time to Call: \_\_\_\_\_ at:  Home  Work  Cell #: \_\_\_\_\_

DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Occupation/Title: \_\_\_\_\_ Annual Income: \$ \_\_\_\_\_

Employer: \_\_\_\_\_ City/State: \_\_\_\_\_

Marital Status:  married  single  widowed  divorced

Children:  yes  no Ages: \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_

Territory of interest: \_\_\_\_\_

Time Frame to open your business:  ASAP  1-3 months  4-6 months  6+ months

Would you work the business:  full-time  part-time  with partner(s)

Capital to Invest:  less than \$30K  \$31-\$45K  \$46-\$60K  \$60K-\$75K

Education Level:  High School  College  Post-College

Graduated:  yes  no  yes  no  yes  no

Degree Earned/Yrs. Attended: \_\_\_\_\_

Special experiences/education/training related to our franchise: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you ever owned and operated your own business?  yes  no

Describe: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

By signing below, I understand and agree that all confidential information obtained directly or indirectly by me, or conveyed to me by *Siruvai Franchise, Inc.* and its employees, agents, or franchises, shall remain forever confidential. Further, I agree not to divulge any confidential information to any other person or entity, except for my professional advisors, or use such information directly or indirectly in competition against *Siruvai Franchise, Inc.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

PLEASE RETURN BY FAX OR MAIL TO:

Siruvai Franchise, Inc.  
40 Brunswick Ave, Suite 202  
Edison, NJ 08817  
Phone 877-ALOHA-03  
877-256-4203  
Fax 877-225-8759