



BOBSA SALON SPECIALIST Info Sheet

Prospective Business Owner

In order for us to provide you with additional information and to further assist you with business development, please complete the questions listed below. After completing this form, please fax (858-712-1934) or email (sam@bobsa.org) it back to our office 650-488-4645

Personal Information:

Name: _____
Spouse's Name: _____
Home Address: _____
City: _____ State: __ __ Zip: _____
Home #: _____ Work #: _____
Cellular #: _____ Fax #: _____
Email: _____

Character Reference:

Name & Ph. # _____ Years: _____
Name & Ph. # _____ Years: _____

General Information:

I plan on doing this business Part-Time Part to Full-Time Full-Time

Do you have experience in this business? Yes No Other Business

Explain Other: _____

I plan on having a partner Yes No

If yes, will the partner be active _____

How long have you lived at your residence? _____ mos

How long have you lived in the area? _____

What interests you most about Fast-teks? _____

From what source did you learn about our business? _____ / _____

Financial Information:

Cash on hand and available for investment in this business? \$ _____

If additional funds are required for this business, are they available to you? Yes No

Please Explain: _____

How would you plan to pay for this business? _____

Certified Check

Money Order/Cashier's Check

Visa/Mc/Discover/Am Ex

Loan so, source of loan? _____

Do you own your home or residence? ___ Yes ___ No

This is a confidential evaluation profile, not a contract, and does not bind either party

Signature _____ Date _____



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CONNECTING THE DOTS