



BURGER HEAVEN

REQUEST FOR CONSIDERATION FORM

The purpose of this Request for Consideration is for general information in evaluating your qualifications to be awarded a *Burger Heaven* franchise.

PERSONAL INFORMATION

First Name: _____ Last Name: _____

Address: _____

City: _____ Province: _____ Postal Code _____

Phone Number: _____ E-mail Address: _____

BUSINESS EXPERIENCE

Present Employer: _____

Title/Position: _____

FINANCIAL INFORMATION

Annual Income: _____

Do you have a source of financing? _____

Total Liquid Capital available _____

Estimated Net Worth _____

OTHER INFORMATION

Preferred Location: _____ City: _____ Prov:

How did you find out about us?

How did you become interested?

WHEN ARE YOU INTERESTED IN STARTING?

1 - 3 months 3 - 6 months 6 - 12 months

Upon completion of this initial application you will be contacted by a *Burger Heaven* representative to schedule a meeting.

PLEASE ATTACH YOUR RESUME IF AVAILABLE

Signature: _____

Date: _____

***You may also contact Ken Purvis at 1.800.567.9389
Fax Number 1.866.577.8708
Or info@retailinkfranchise.com***

Privacy Policy:

We take your privacy seriously. Your personal information is used for the general purposes of fulfilling your requests for our services, to contact you, and for conducting demographic research. Your personal information is used for internal purposes only.