



MASTER FRANCHISE CONFIDENTIAL QUESTIONNAIRE

Upon completion, please send to the address, fax, or e-mail listed at the end of this Questionnaire To protect your investment, Maui Wowi Franchising, Inc. evaluates all prospects. Please complete this form as the next step in your research. Your information will be held in the strictest confidence and neither party will be under any obligation. This is not a contract. Please print or type.

REQUIREMENTS FOR INTERNATIONAL MASTER FRANCHISES: MUST HAVE PREVIOUS FRANCHISING EXPERIENCE AND/OR EXPERIENCE OWNING AND RUNNING A BUSINESS. LIQUIDITY OF \$200,000 USD AND NET WORTH OF \$2,000,000 USD.

MASTER FRANCHISE APPLICANT	First	M.I.	Last	
	Applicant is: <input type="checkbox"/> Individual <input type="checkbox"/> Group <input type="checkbox"/> Corporation <input type="checkbox"/> Other (explain) _____			
	Corporation Name:			
MAILING ADDRESS	Street Address		City	
	City	Province	Country	Postal Code
Home:		Business:		Email:
Mobile:		Fax:		
Have you ever lived, attended school, or visited the United States? Please explain:				
Interests/Organizations:				
How did you hear about us?				
Highest Level of Education (circle)			Major:	
H.S Bachelors Master PhD				

PROFESSIONAL EXPERIENCE

Are you currently or have you ever been a Master Franchisee? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, state what Franchise or Franchises:
Or you currently or have you ever owned your own business? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please explain:
Please explain any business relationships you have ever had with any United States entities:

FUTURE BUSINESS PLANS

What is your timeframe for establishing a franchise business?
What is the Territory or Country in which you are interested?
Please state your professional capabilities, experience, and resources that you believe will enable you to successfully develop a franchise network in your country:

MAUI WOWI HAWAIIAN COFFEES & SMOOTHIES MASTER FRANCHISE APPLICATION – PAGE 2

Please print or type clearly.

FINANCIAL INFORMATION

ASSETS		LIABILITIES	
Liquid Capital	\$	Notes Payable to Banks Unsecured (Direct Borrowing Only)	\$
Government Securities	\$	Notes Payable to Banks Secured (Direct Borrowing Only)	\$
Accounts/Loans Receivable	\$	Notes Receivable, Discounted with Banks/Finance Companies	\$
Notes receivable	\$	Notes Payable to Others, Unsecured	\$
Notes Receivable, Discounted with Banks/Finance Companies	\$	Notes Payable to Others, Secured	\$
Life insurance (cash value)	\$	Loans Against Life Insurance	\$
Real Estate	\$	Accounts Payable	\$
Automobiles (market value)	\$	Interest Payable	\$
Other Assets (Itemize)	\$	Taxes and Assessments Payable	\$
	\$	Mortgages Payable on Real Estate (Itemize)	\$
Any assets pledged? Explain			\$
TOTAL ASSETS (in USD)	\$	TOTAL LIABILITIES (in USD)	\$
Total Assets minus Total Liabilities Equal Net Worth (USD) \$			

To convert currencies into U.S. Dollars, please visit <http://www.xe.com>

LEGAL INFORMATION

Have you or your spouse ever been convicted of something other than a minor traffic violation? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Please Explain and include date, location, charge and disposition of charge:
Are you or your spouse subject to a pending litigation or unsatisfied judgments? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Please Explain:
Have you or your spouse ever declared bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Please Explain:
Please give us any additional information not outlined above you feel would be helpful in evaluating your financial position:	
Please provide any additional information that would be helpful in evaluating your potential as a franchise operator:	

I / We do hereby represent that all of the above answers are true and complete to the best of my/our knowledge and belief. I / We recognize that Maui Wowi Hawaiian Coffees & Smoothies® is not in any way obligated to offer a franchise to me/us because of my/our execution of this document. I / We acknowledge that any false statement on this application shall be considered sufficient cause to deny further consideration. I / We understand that an inquiry regarding my/our character, general reputation, personal characteristics, mode of living and financial background may be made as a result of this application and hereby authorize the release of this information to Maui Wowi Hawaiian Coffees & Smoothies®. A photographic copy of this authorization shall be as valid as the original.

NAME

DATE

Thank you for your interest in Maui Wowi Hawaiian Coffees & Smoothies!

Maui Wowi Hawaiian Coffees & Smoothies
 5445 DTC Parkway, Suite 200
 Greenwood Village, CO 80111 USA
 Ph: (303)-781-7800 • Fax: (303)781-2438
 International@mauiwowi.com • www.mauiwowi.com