

Confidential Get-Acquainted Form

Date _____

Name _____ Age _____ Marital Status _____

Address _____ # of Children _____

City _____ State/Province _____ Postal Code _____

Telephone: Home (_____) _____ Business (_____) _____

E-mail address: _____

Best time and place to reach you _____

Present business or occupation _____

Describe duties _____

How long? _____

Prior positions and duties _____

Other experience or special aptitudes _____

How did you first learn about the GNC Franchise Opportunity? _____

Have you ever been in business for yourself? _____

Do you have any retail experience? _____

Do you have an interest in the health and nutrition fields? Explain. _____

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Have you ever filed for bankruptcy? Explain. _____

Would you operate the GNC store personally? _____ Full Time? _____

With partners (give names and addresses) _____

Do you own your own home? _____ How Long? _____

Do you have sufficient funds to handle a GNC store investment? _____
(Depending on your area of interest, you may need up to \$60,000.)

About how much can you invest? _____

When can you make a trip to our main office to see our
operation and review GNC's franchise opportunity? _____

In what city or area are you interested? _____

Second Choice _____ Third Choice _____

When will you be able to open a GNC store? 3 months _____ 6 months _____

9 months _____ over 9 months _____

Any comments? _____

**Mail your completed Confidential Get-Acquainted Form
in the self-addressed envelope, fax it to 1-412-288-2033 or
complete it on-line at www.gncfranchising.com.**