



## Preliminary Inquiry Questionnaire

Due Maternity  
Partnership Plan 2007

Thank you for your inquiry about our Due Maternity partnership program. Recognized as the country's premiere boutique for independent maternity fashion, Due Maternity is now offering our experience to help you open a due in your city.

Due is raising the bar on the pregnancy experience of women across the country, we know what's happening and hot in maternity fashion and we know how to truly care for our customers.

Our stores are a place where pregnant women want to be - a warm, beautiful inviting environment - filled with great fashion, information and even classes and seminars for the expectant family.

We are currently interviewing potential candidates for selective markets to open Due Partnerships. We are looking for Partners who possess experience in the retail, marketing and fashion industries. Please take the time to fill out our application and tell us why you feel uniquely qualified to be an owner of a Due Boutique.

*The filing of this application does not obligate the applicant to become a Partner of Due Maternity. Please complete this application in its entirety. If an item is not applicable, enter "N/A". Once completed please fax back to 415-674-9855 or email us: [partner@duematernity.com](mailto:partner@duematernity.com)*

*Albert DiPadova  
Founder VP Partnerships*

# Personal Information

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

Principal Applicant's Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Daytime Telephone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

How Long at Present Address \_\_\_\_\_ Own or Rent? \_\_\_\_\_

Highest Education Level \_\_\_\_\_

Have you ever been convicted of a felony? \_\_\_\_\_

Have you ever filed for bankruptcy? \_\_\_\_\_

Will you have partners, other than a spouse? Will they be Active or Silent?

Name \_\_\_\_\_ Relationship: \_\_\_\_\_

Name \_\_\_\_\_ Relationship: \_\_\_\_\_

Please have them submit a separate application

\*\* Attach your resume and references

## Business Experience:

Present Employer: \_\_\_\_\_

Position: \_\_\_\_\_

Do you have any experience in Retail?

If "Yes", please describe: \_\_\_\_\_

Do you have any experience in Corporate Retail Training Programs?

If "Yes", please describe: \_\_\_\_\_

Have you ever owned a business?

If "Yes", what type of business? If still open, will you operate both? Or if closed, what are the circumstances leading to its current status?

\_\_\_\_\_  
\_\_\_\_\_

Any other relevant experiences?

\_\_\_\_\_

## Financial Information:

Annual Income:	
Spouse's Annual Income:	
Other Income:	
Total Income:	
Total Assets:	
Total Liabilities:	
Net Worth:	
Liquid Capital to Invest:	
Do you currently have a source of financing?	

**Tell us about your self:**

I love to shop at the following stores: \_\_\_\_\_

My favorite designers are: \_\_\_\_\_

When I was pregnant I wore maternity clothes by: \_\_\_\_\_

I read these magazines regularly: \_\_\_\_\_

**General Information:**

How did you become interested in Due Maternity? \_\_\_\_\_

\_\_\_\_\_

What city/cities are you interested in opening? \_\_\_\_\_

How long have you been a resident of this city? \_\_\_\_\_

What is the metro population? \_\_\_\_\_ Annual Birth Rate: \_\_\_\_\_

Do you have any locations in mind? If "Yes", please describe:

Site 1: \_\_\_\_\_

Anchors:

Restaurants:

Other key or related stores:

Parking: Zip Code:

Lifestyle or Strip Center? Approx. Age of center:

Site 2: \_\_\_\_\_

Anchors:

Restaurants:

Other key or related stores:

Parking: Zip Code:

Lifestyle or Strip Center? Approx. Age of center:

When do you want to open a Due Maternity Boutique?

Spring \_\_\_\_\_ Year \_\_\_\_\_

Fall \_\_\_\_\_ Year \_\_\_\_\_

What maternity retailers stores are in your desired market?

How close are they to your prospective site?

Name: \_\_\_\_\_ Distance: \_\_\_\_\_

Name: \_\_\_\_\_ Distance: \_\_\_\_\_

Name: \_\_\_\_\_ Distance: \_\_\_\_\_

*I understand that the information I am receiving from Due Maternity, Inc., any associate, employee agent or existing Due Maternity, Inc. personnel is highly confidential, has been developed with a great deal of effort and expense, and is being made available to me because of this application, and in the strictest confidence.*

**Legal Disclaimer**

The partnership information contained in this document is not intended as an offer to sell a partnership or the solicitation of an offer to buy into a partnership. The following states and provinces regulate the offer and sale of Partnerships: California, Hawaii, Illinois, Indiana, Maryland, Michigan, Minnesota, New York, North Dakota, Rhode Island, South Dakota, Virginia, Washington, and Wisconsin. If you are a resident of one of these states, we will not offer or sell you a Partnership unless and until we have complied the applicable presale registration and disclosure requirements in your state.

I guarantee that the above information is accurate and verifiable.

Signature

\_\_\_\_\_

Date

\_\_\_\_\_