



CONFIDENTIAL FRANCHISE APPLICATION

PRIVACY POLICY: ALL INFORMATION PROVIDED IS KEPT CONFIDENTIAL AND SHALL NOT BE DISCLOSED EXCEPT FOR PURPOSES OF VERIFICATION.

(PLEASE PRINT WITH BLUE OR BLACK INK, OR TYPE.)

THE FOLLOWING INFORMATION IS THE BASIS FOR YOUR INITIAL EVALUATION. THE SUBMISSION OF THIS APPLICATION DOES NOT OBLIGATE YOU OR FRANCHISOR IN ANY WAY OR MANNER. UPON RECEIPT OF THE COMPLETED APPLICATION, FRANCHISOR WILL REVIEW IT AND, IF ACCEPTABLE FRANCHISOR, YOU WILL RECEIVE A UNIFORM FRANCHISE OFFERING CIRCULAR (INCLUDING THE FRANCHISE AGREEMENT) FOR YOUR REVIEW PRIOR TO ANY OTHER DISCUSSION OF THE OPPORTUNITY.

PERSONAL INFORMATION

LAST NAME		FIRST NAME		MIDDLE NAME	DRIVER LICENSE NUMBER	SOCIAL SECURITY NUMBER	
DATE OF APPLICATION / /			BIRTHDATE / /		CURRENT AGE	DAYTIME PHONE NUMBER ()	
CURRENT ADDRESS				CITY	STATE	ZIP	HOW LONG?
PREVIOUS ADDRESS				CITY	STATE	ZIP	HOW LONG?
HEIGHT ft. in.	WEIGHT lbs.		MARITAL STATUS				
FULL NAME OF SPOUSE				OCCUPATION OF SPOUSE			
NAMES AND AGES OF DEPENDENT CHILDREN							
US CITIZEN? <input type="checkbox"/> YES <input type="checkbox"/> NO		DO YOU OWN YOUR OWN HOME? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, HOW LONG?			EVER BEEN ADJUDICATED BANKRUPT? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, WHEN?		
HAVE YOU EVER BEEN CONVICTED OF A FELONY OR MISDEMEANOR (OTHER THAN A MINOR TRAFFIC VIOLATION)? <input type="checkbox"/> YES <input type="checkbox"/> NO				IF YES GIVE DETAILS: DATE, PLACE, CIRCUMSTANCES			
DO YOU HAVE ANY PENDING FELONY CHARGES, OR ARE YOU UNDER INDICTMENT OR APPEAL? <input type="checkbox"/> YES <input type="checkbox"/> NO				IF YES GIVE DETAILS: DATE, PLACE, CIRCUMSTANCES			
DO YOU HAVE ANY JUDGMENTS, LIENS OR SUITS PENDING? <input type="checkbox"/> YES <input type="checkbox"/> NO				IF YES GIVE DETAILS: DATE, PLACE, CIRCUMSTANCES			

FRANCHISE PLANS

WILL THE FRANCHISE BE OWNED AND OPERATED BY YOURSELF OR A GROUP?	
PLEASE EXPLAIN FULLY.	
AMOUNT OF CAPITAL AVAILABLE FOR THIS BUSINESS	
DESCRIBE FULLY	
TERRITORY FOR THIS EVALUATION	WOULD YOU CONSIDER ANY OTHER AREA? <input type="checkbox"/> YES <input type="checkbox"/> NO
IF YES, WHAT OTHER AREAS?	

EDUCATION

NAME OF SCHOOL	DATES OF ATTENDANCE	MAJOR AND MINOR FIELDS	
LOCATION OF SCHOOL	GRADE AVERAGE OR CLASS STANDING	DIPLOMA OR DEGREE	DATE OF GRADUATION
NAME OF SCHOOL	DATES OF ATTENDANCE	MAJOR AND MINOR FIELDS	
LOCATION OF SCHOOL	GRADE AVERAGE OR CLASS STANDING	DIPLOMA OR DEGREE	DATE OF GRADUATION

BUSINESS AND EXPERIENCE RECORD: GIVE A COMPLETE RECORD OF YOUR EXPERIENCE, BEGINNING WITH YOUR PRESENT OR LAST POSITION, INCLUDE MILITARY SERVICE, INDICATE BY AN ASTERISK (*) THOSE EMPLOYERS YOU DO NOT WISH US TO CONTACT.

HAVE YOU BEEN IN BUSINESS FOR YOURSELF?			
NAME AND ADDRESS OF EMPLOYER			
POSITION, TITLE, AND DUTIES			
DATES OF EMPLOYMENT FROM / / TO / /		SUPERVISOR'S NAME AND TITLE	
REASON FOR SEPARATION		BEGINNING SALARY	ENDING SALARY
NAME AND ADDRESS OF EMPLOYER			
POSITION, TITLE, AND DUTIES			
DATES OF EMPLOYMENT FROM / / TO / /		SUPERVISOR'S NAME AND TITLE	
REASON FOR SEPARATION		BEGINNING SALARY	ENDING SALARY
NAME AND ADDRESS OF EMPLOYER			
POSITION, TITLE, AND DUTIES			
DATES OF EMPLOYMENT FROM / / TO / /		SUPERVISOR'S NAME AND TITLE	
REASON FOR SEPARATION		BEGINNING SALARY	ENDING SALARY
NAME AND ADDRESS OF EMPLOYER			
POSITION, TITLE, AND DUTIES			
DATES OF EMPLOYMENT FROM / / TO / /		SUPERVISOR'S NAME AND TITLE	
REASON FOR SEPARATION		BEGINNING SALARY	ENDING SALARY

PHYSICAL CONDITION

INCOME

GENERAL PHYSICAL CONDITION	DATE OF LAST PHYSICAL EXAM / /	YEAR _____
LIST ANY PHYSICAL IMPAIRMENTS OR CHRONIC ILLNESSES WHICH MAY PRECLUDE CERTAIN TYPES OF ACTIVITIES		EARNED INCOME (salary, commissions, fees, etc.) \$ _____
EXPLAIN		INTEREST AND DIVIDENDS \$ _____
		RENTS RECEIVED \$ _____
		LIST OTHER INCOME:
		_____ \$ _____
		_____ \$ _____
		_____ \$ _____
		_____ \$ _____
		TOTAL ANNUAL GROSS INCOME \$ _____

PERSONAL REFERENCES

PLEASE LIST THREE PROFESSIONAL AND CHARACTER REFERENCES (NOT RELATIVES OR EMPLOYEES) – NAME, ADDRESS, PHONE

1.

2.

3.

BANK REFERENCES – NAME, ADDRESS, PHONE

CHECKING ACCOUNT #	SAVINGS ACCOUNT #	OTHER ACCOUNT #
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CONFIDENTIAL FINANCIAL STATEMENT: NOTE THAT AN ADDITIONAL COMPREHENSIVE FINANCIAL STATEMENT MAY BE REQUIRED PRIOR TO AWARDING OF A FRANCHISE. *A married individual listing jointly held assets and corresponding liabilities should identify those assets held jointly with a circled "J" near the description of the assets or liabilities. A married couple seeking to become joint franchisees must each submit a separate questionnaire, but to the extent appropriate may reference financial information set forth in the questionnaire submitted by his/her spouse.*

ASSETS: CURRENT VALUES		LIABILITIES: CURRENT BALANCES	
CASH ON HAND, AND UNRESTRICTED IN BANKS	\$	NOTES PAYABLE TO BANKS, UNSECURED DIRECT BORROWINGS (CREDIT CARDS, ETC.) CURRENT BALANCE	\$
U.S. GOVERNMENT SECURITIES		NOTES PAYABLE TO BANKS, SECURED DIRECT BORROWINGS ONLY	
ACCOUNTS RECEIVABLE		OTHER NOTES PAYABLE, UNSECURED	
LOANS RECEIVABLE		OTHER NOTES PAYABLE, SECURED	
LIFE INSURANCE, CASH SURRENDER VALUE		LOANS AGAINST LIFE INSURANCE	
OTHER STOCKS		ACCOUNTS PAYABLE	
OTHER BONDS		INTEREST PAYABLE	
REAL ESTATE CURRENT MARKET VALUE, EXCLUDING PRIMARY RESIDENCE		MORTGAGES ON REAL ESTATE, EXCLUDING PRIMARY RESIDENCE	
PRIMARY RESIDENCE CURRENT MARKET VALUE		MORTGAGE ON PRIMARY RESIDENCE	
AUTOMOBILES REGISTERED IN OWN NAME		TAXES AND ASSESSMENTS PAYABLE	
OTHER ASSETS (ITEMIZE)		OTHER LIABILITIES (ITEMIZE)	
		TOTAL LIABILITIES	\$
TOTAL ASSETS	\$	NET WORTH	\$

Print Name _____

Date _____

CONTINGENCIES

ARE YOU A GUARANTOR (CO-SIGNER) ON ANY LIABILITY?		<input type="checkbox"/> YES <input type="checkbox"/> NO		IF YES, PLEASE ITEMIZE
NAME AND ADDRESS OF PRIMARY PROMISSOR	AMOUNT OF GUARANTY	ASSETS PLEDGED		

SIGNATURE, ACKNOWLEDGEMENTS, AND RELEASE AUTHORIZATION

I WARRANT THAT ALL OF THE INFORMATION SUBMITTED IN CONNECTION WITH THIS APPLICATION IS TRUE, CORRECT, AND ACCURATE AS OF THE DATE BELOW. I UNDERSTAND THAT THE PURPOSE OF THIS APPLICATION IS FOR GENERAL INFORMATION AND DOES NOT CONSTITUTE AN OFFER BY FRANCHISOR TO SELL A FRANCHISE.

IN SUBMITTING THE FOREGOING INFORMATION AND STATEMENT, I GUARANTEE ITS ACCURACY WITH THE INTENT THAT IT BE RELIED UPON IN GRANTING ME A FRANCHISE AND EXTENDING CREDIT TO ME, AND I WARRANT THAT I HAVE NOT KNOWINGLY WITHHELD ANY INFORMATION THAT MIGHT AFFECT MY CREDIT RISK. I FURTHER EXPRESSLY AGREE TO NOTIFY FRANCHISOR IMMEDIATELY IN WRITING IF ANY MATERIAL CHANGE IN MY FINANCIAL CONDITION WHETHER APPLICATION FOR FURTHER CREDIT IS MADE OR NOT, AND IN THE ABSENCE OF SUCH WRITTEN NOTICE, IT IS EXPRESSLY AGREED THAT FRANCHISOR MAY RELY ON MY STATEMENT IN GRANTING A FRANCHISE OR CREDIT AS HAVING THE SAME FORCE AND EFFECT AS IF DELIVERED UPON THE DATE ADDITIONAL CREDIT IS REQUESTED OR EXISTING CREDIT IS EXTENDED OR CONTINUED.

I DO HEREBY AUTHORIZE A REVIEW AND FULL DISCLOSURE OF ALL RECORDS OR ANY PART THEREOF, CONCERNING MYSELF, BY AND TO ANY DULY AUTHORIZED AGENT OF FRANCHISOR, WHETHER SAID RECORDS ARE OF PUBLIC, PRIVATE OR CONFIDENTIAL NATURE. I AUTHORIZE THE RELEASE OF ANY AND ALL PUBLIC AND PRIVATE INFORMATION CONCERNING ME, MY WORK RECORDS, MY BACKGROUND, MY EDUCATIONAL RECORDS, MY FINANCIAL STATUS, MY CRIMINAL HISTORY RECORD INCLUDING ALL ARREST RECORDS, AND COMPLAINTS OR GRIEVANCES FILED BY OR AGAINST ME IN DETERMINING MY SUITABILITY AS A FRANCHISEE.

I UNDERSTAND THAT PROCURING A FINANCIAL CONSUMER REPORT OBTAINED FROM A NATIONAL CREDIT REPORTING ORGANIZATION MAY BE PART OF THE PROCESS OF CONSIDERING MY CANDIDACY AS A FRANCHISEE. OTHER CONSUMER REPORTS MAY ALSO INCLUDE INVESTIGATIVE CONSUMER REPORTS OBTAINED FROM SUCH SOURCES AS MAY BE REQUIRED TO PERMIT FRANCHISOR A FULL AND COMPLETE HISTORY OF MY WORK, CREDIT AND OTHER BACKGROUND INFORMATION. THESE INVESTIGATIVE REPORTS MAY INCLUDE INFORMATION CONCERNING MY CHARACTER, GENERAL REPUTATION, PERSONAL CHARACTERISTICS, AND MODE OF LIVING AND MAY INCLUDE INFORMATION OBTAINED THROUGH INTERVIEWS. IN THE EVENT THAT INFORMATION FROM THIS REPORT IS UTILIZED IN WHOLE OR IN PART IN MAKING AN ADVERSE DECISION WITH REGARD TO THE AWARD OF A FRANCHISE, BEFORE MAKING THE ADVERSE DECISION, I WILL BE NOTIFIED IN WRITING AND PROVIDED A COPY OF THE CONSUMER REPORT AND A DESCRIPTION IN WRITING OF MY RIGHTS UNDER THE FEDERAL FAIR CREDIT REPORTING ACT.

I HEREBY RELEASE ALL PERSONS, ORGANIZATIONS AND OTHERS FURNISHING INFORMATION FROM LIABILITY OR DAMAGES THAT MAY RESULT FROM FURNISHING THE INFORMATION REQUESTED, INCLUDING ANY LIABILITY OR DAMAGES PURSUANT TO ANY STATE OR FEDERAL LAWS.

PRINT NAME

DATE

SIGNATURE