



The Franchise Application

Date: _____

The following information is the basis for my franchise application:

Name: _____
Last First Middle

Address: _____
Street City State Zip Code How Long?

Age: _____ Home Telephone: _____ Marital Status: _____ Spouse's Name _____
Area Code

Employer: _____ Type of Business: _____

Business Address: _____ Business Telephone: _____

Position: _____ Salary: _____ Other Income: _____

Spouse's Occupation: _____ How Long: _____ No. of Dependents: _____

Home: _____ Rent _____ Own _____ If renting, name of landlord: _____

Education: _____ 1 2 3 4 5 6 7 8 9 10 11 12 1 2 3 4 Name of College: _____ Degree: _____
(Circle last year completed)

Last Former Residence: _____

Previous Business Experience (list prior occupations or business owned)

Firm Name	City	Position or type business	Period
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Our Credit Is Established With The Following Firms: (give name of suppliers or persons with whom you have had credit)

Name	Address	Type Credit	Max. Amount
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Personal References: (not relatives)

Name	Address	Occupation	Telephone
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Available capital to invest?: _____ When will you be available?: _____

Will you have a business partner?: _____ Will you both be active?: _____

Name of Partner: _____

Personal Financial Statement

Date: _____

Name : _____ Address: _____

I make the following statement of all my assets and liabilities as of the _____ day of _____, 20____ and give other material information for the purpose of obtaining credit with you on notes and bills bearing my signature, endorsements, or guarantee, and agree to notify you promptly of any change affecting my ability to pay.

Please answer all questions below using "NO" or "NONE" where necessary

ASSETS			LIABILITIES AND NET WORTH		
	Current	Last 6 Months		Current	Last 6 Months
Cash on Hand, and Unrestricted in Banks (See Sched. No. 1)	\$		Notes Payable to Banks, Unsecured Direct Borrowings Only (See Sched. No. 1)	\$	
US Government Securities			Notes Pay to Banks, Secured Direct Borrowings Only (See Sched. No. 1)		
Accounts and Loans Receivable (See Sched. No. 2)			Notes Receivable, Discounted With Banks, Finance Companies, etc. (See Sched. No. 2)		
Notes Receivable, Not Discounted (See Sched. No. 2)			Notes Payable to Others, Unsecured		
Notes Receivable, Discounted With Banks, Finance Companies, etc. (See Sched. No. 2)			Notes Payable to Others, Secured		
Life Insurance, Cash Surrender Value (Do Not Deduct Loans) (See Sched. No. 3)			Loans Against Life Insurance (See Sched. No. 3)		
Other Stocks and Bonds (See Sched. No. 4)			Accounts Payable		
Real Estate (See Sched. No. 6)			Interest Payable		
Automobiles Registered in Own Name			Taxes and Assesments Payable (See Sched. No. 6)		
Other Assets (Itemize)			Mortgages Payable on Real Estate (See Sched. No. 6)		
			Brokers Margin Accounts (See Sched. No. 5)		
			Other Assets (Itemize)		
			Total Liabilities	\$	
Total Assets	\$		Total Assets – Total Liabilities = Net Worth	\$	

SOURCE OF INCOME	Current	Last 6 Months
Salary	\$	
Bonus and Commissions	\$	
Dividends	\$	
Real Estate Income	\$	
Other Income (Itemize)	\$	
Total Assets	\$	

CONTINGENT LIABILITIES	Current	Last 6 Months
As Endorser or Co-maker	\$	
In Leases or Contracts	\$	
Legal Claims	\$	
Provisions for Federal Income Taxes	\$	
Other Special Debt	\$	

Supplementary Schedules:

No. 1 Banking Relations (A list of all my bank accounts, including savings, and loans.)

Name and Location of Bank	Cash Balance	Outstanding Loans	Maturity of Loan	How Endorsed, Guaranteed or Secured
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

No. 2 Accounts, Loans and Notes Receivable (A list of the largest amounts owing to me.)

Name and Address of Debtor	Amount Owing	Age of Debt	Description of Nature of Debt	Description of Security Held	Date Payment Expected
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

No. 3 Life Insurance

Name of Person Insured	Name of Beneficiary	Name of Insurance Co.	Type of Policy	Face Amount of Policy	Total Cash Surrender Value	Total Loans Against Policy	Amount of Yearly Premium	Is Policy Assigned?
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____

No. 4 Other Stocks and Bonds

Face Value (Bonds) # of Shares (Stocks)	Description of Security	Registered in Name of	Cost	Present Market Value	Income Received Last Year	To Whom Pledged
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

No. 5 Brokers Margin Accounts (List the names and addresses of the brokers and indicate the net amount due to each.)

Brokers Name	Balance of Margin Account
_____	_____
_____	_____
_____	_____
_____	_____

* Indicate if stock is held by the broker (B) or by yourself (D)

No. 6 Real Estate (The legal and equitable title to all real estate listed in this statement is solely in the name of the undersigned:)

Signature: _____

Description or Street Number	Dimensions or Acres	Improvements Consist of	Mortgages or Liens	Due Dates and Payment Amts.	Assessed Value	Present Market Value	Unpaid Taxes Year / Amount
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

No. 7 I buy goods principally from:

Name	Address	Name	Address
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

No. 8 Insurance Coverage

Fire Insurance: \$ _____, Automobile(s), Household Effects, etc. \$ _____; Indicate if policies have extended coverage endorsements: _____; Liability Insurance: Automotive \$ _____, Personal: \$ _____, General Public: \$ _____ Other Insurance (describe): _____
 Date of latest independent analysis of insurance: _____; Indicate adequacy of coverage: _____

The undersigned certifies that each side hereof and the information inserted herein have been carefully read and is true and correct:

Date: _____ Signature: _____