



PERSONAL INFORMATION

LAST NAME		FIRST NAME		MIDDLE NAME		SOCIAL SECURITY NUMBER	
DATE OF APPLICATION			BIRTHDATE		AGE		TELEPHONE NUMBER ()
CURRENT ADDRESS			CITY		STATE		ZIP
PREVIOUS ADDRESS			CITY		STATE		ZIP
HEIGHT		WEIGHT		SINGLE		MARRIED	
						WIDOWED	
FULL NAME OF SPOUSE					OCCUPATION OF SPOUSE		
NAMES AND AGES OF DEPENDENT CHILDREN							

APPLICANT'S 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 WHICH APPLICATION MADE	WOULD YOU CONSIDER ANY OTHER AREA?
WHAT AREAS?	

THIS IS NOT A CONTRACT AND SUPPLYING OR COMPLETING THIS FORM INCURS NO OBLIGATION ON EITHER PARTY

EDUCATION

PLEASE LIST ALL EDUCATION YOU HAVE RECEIVED INCLUDING HIGH SCHOOL, COLLEGE, MILITARY OR SPECIAL TRAINING

NAME OF SCHOOL	DATES OF ATTENDANCE / / TO / /	MAJOR AND MINOR FIELDS	% OF EXPENSES EARNED
LOCATION OF SCHOOL	GRADE AVERAGE OR CLASS STANDING	DIPLOMA OR DEGREE	DATE OF GRADUATION
NAME OF SCHOOL	DATES OF ATTENDANCE / / TO / /	MAJOR AND MINOR FIELDS	% OF EXPENSES EARNED
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 ASTERISCK(*) 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		
POSTION, TITLE AND DUTIES		
DATES OF EMPLOYMENT FROM / / TO / /	SUPERVISOR'S NAME AND TITLE	
REASON FOR SEPARATIOON	BEGINNING SALARY	ENDING SALARY

PHYSICAL CONDITION

INCOME

GENERAL PHYSICAL CONDITIION	DATE OF LAST PHYSICAL EXAM	YEAR _____ \$ _____
LIST ANY PHYSICAL IMPAIRMENTS OR CHRONIC ILLNESSES WHICH MAY PRECLUDE CERTAIN TYPES OF ACTIVITIES		EARNED (SALARY, COMMISSIONS, FEES, ETC.) \$ _____
		INTEREST & DIVIDENDS RECEIVED \$ _____
		RENTS RECEIVED \$ _____
		OTHER INCOME _____ \$ _____
		_____ \$ _____
		_____ \$ _____
		GROSS INCOME \$ _____

REFERENCES

PLEASE LIST THREE PROFESSIONAL AND CHARACTER REFERENCES--NAME--ADDRESS--TELEPHONE			
1.			
2.			
3.			
LIST THREE CREDIT REFERENCES--NAME--ADDRESS--TELEPHONE			
1.			
2.			
3.			
BANK REFERENCES--NAME--ADDRESS CHECKING ACCOUNT SAVINGS ACCOUNT OTHER			

CONTINGENCIES

Do you have any contingent liabilities? _____ If so, please itemize _____
_____ Are any of your assets pledged? _____
Are you a defendant in any suits or legal actions? _____
Have you ever taken bankruptcy? _____

CONFIDENTIAL FINANCIAL STATEMENT

DATE _____ 20_____

(PLEASE ANSWER ALL QUESTIONS USING "NO" OR "NONE" WHERE NECESSARY)

ASSETS		LIABILITIES AND NET WORTH	
Cash (See Sched. No. 1) On hand, and unrestricted in banks	\$	Notes Payable to Banks, Unsecured Direct borrowing only (See Sched. No. 1)	\$
U.S. Government Securities		Notes Payable to Banks, Secured Direct borrowing only (See Sched. No. 1)	
Accounts and Loans Receivable (See Sched. No. 1)		Notes Receivable, Discounted With banks, finance companies, etc. (See Sched. No. 1)	
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. 5)		Interest Payable	
Automobiles Registered in Own Name		Taxes and Assessments Payable (See Sched. No. 5)	
Other Assets (Itemize)		Mortgages Payable on Real Estate (See Sched. No. 5)	
		Other Liabilities (Itemize)	
		NET WORTH	\$
TOTAL ASSETS	\$	TOTAL LIABILITIES & NET WORTH	\$

SUPPLEMENTARY SCHEDULES

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

Name and Location of Bank	Cash Balance	Amt. of Loan	Maturity of Loan	How Endorsed, Guaranteed or Secured

(CONTINUED NEXT PAGE)

No. 2 Accounts, Loans and Notes Receivables (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 Loans Against Policy	Amount of Yearly Premium	Is Policy Assigned?

No. 4 Other Stocks and Bonds

Face Value (Bonds) No. of Shares (Stocks)	Description of Security	Registered in Name of	Cost	Present Market Value	Income Received Last Year	To Whom Pledged

No. 5 Real Estate The legal equitable title to all the real estate listed in this statement is solely in the name of the undersigned except as follows:

Description or Street No.	Dimensions or Acres	Improvements Consist of	Mortgages or Liens	Due Dates and Amounts of Payments	Assessed Value	Present Market Value	Unpaid Taxes	
							Year	Amount

In submitting the foregoing application and statement, the undersigned guarantees its accuracy with the intent that it be relied upon in granting a franchise and extending credit to the undersigned and warrants that he/she has not knowingly withheld any information that might affect his/her credit risk, and the undersigned expressly agrees to notify Franchisor immediately in writing of any material change in his/her 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 in granting a franchise or credit may rely on this statement as having the same force and effect as if delivered upon the date additional credit is requested or existing credit is extended or continued.

The undersigned certifies that each part of the application and financial statements hereof and the information inserted herein has been carefully read and is true and correct.

Date _____ Signed _____