

Fax form to: _____

PLEASE PRINT USING BLUE OR
BLACK BALL POINT PEN ONLY.
PLEASE ANSWER ALL QUESTIONS.



Confidential Information Request

PERSONAL INFORMATION

LAST NAME		FIRST NAME		MIDDLE NAME		SOCIAL SECURITY NUMBER			
DATE OF APPLICATION / /		BIRTH DATE / /		AGE		TELEPHONE NUMBER ()			
CURRENT ADDRESS			CITY		STATE		ZIP		HOW LONG?
PREVIOUS ADDRESS			CITY		STATE		ZIP		HOW LONG?
MARITAL STATUS		FULL NAME OF SPOUSE				OCCUPATION OF SPOUSE			
NAMES & 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 AREA(S)?

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

Revised October 2004

NO. 2 ACCOUNTS, LOANS & NOTES RECEIVABLE

(A list of the largest amounts owing to me.)

NAME & 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 AMT. OF POLICY	TOTAL CASH SURRENDER VALUE	TOTAL LOANS AGAINST POLICY	AMOUNT OF YEARLY PREMIUM	IS POLICY ASSIGNED?

NO. 4 OTHER STOCKS & 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 & AMTS. OF PAYMENTS	ASSESSED VALUE	PRESENT MKT. VALUE	UNPAID TAXES	
							YEAR	AMT.

"I submit the foregoing information as my complete and true personal and financial condition as of the date shown below. In accordance with the Privacy Act (5 U.S.C. 552 a), Freedom of Information Act and The Fair Credit Reporting Act, I expressly authorize any past or present employer, any law enforcement agency, federal, state or local, or any person who has personal knowledge of my character, work experience or criminal records to release this information to THE COMPANY. If requested by THE COMPANY, I agree to supply statements from my professional advisors (i.e. banker, broker, accountant or attorney) verifying the above assets, and I also agree to furnish copies of Federal Income Tax Returns as filed for the last five years. I understand that THE COMPANY is relying upon all the above information as a material factor in considering my application to become a franchisee, and I therefore agree to promptly notify THE COMPANY of any material change in any of the above information or any subsequent information provided to THE COMPANY. In addition, I release all persons from liability as a result of true, accurate information."

Signature

Date

EDUCATION

NAME OF SCHOOL	DATES OF ATTENDANCE / / TO / /	MAJOR & MINOR FIELDS	% OF EXPENSES EARNED
LOCATION OF SCHOOL	GRADE AVG. OR CLASS STANDING	DIPLOMA OR DEGREE	DATE OF GRADUATION
NAME OF SCHOOL	DATES OF ATTENDANCE / / TO / /	MAJOR & MINOR FIELDS	% OF EXPENSES EARNED
LOCATION OF SCHOOL	GRADE AVG. OR CLASS STANDING	DIPLOMA OR DEGREE	DATE OF GRADUATION

BUSINESS & EXPERIENCE RECORD

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

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

GENERAL PHYSICAL CONDITION	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	\$ _____
EXPLAIN		RENTS RECEIVED	\$ _____
		OTHER INCOME	\$ _____
		_____	\$ _____
		_____	\$ _____
		_____	\$ _____
		_____	\$ _____
		GROSS INCOME	\$ _____

REFERENCES

PLEASE LIST THREE PROFESSIONAL & CHARACTER REFERENCES. NAME/ADDRESS/TELEPHONE				
1.				
2.				
3.				
PLEASE LIST THREE CREDIT REFERENCES. NAME/ADDRESS/TELEPHONE				
1.				
2.				
3.				
BANK REFERENCES	NAME/ADDRESS	<input type="radio"/> CHECKING ACCOUNT	<input type="radio"/> SAVINGS ACCOUNT	<input type="radio"/> OTHER

Have you ever been convicted, plead guilty or no contest to, a felony, a misdemeanor, or any violation of the law, or are you subject to any pending charges?
 Yes _____ No _____

I understand that any false or misleading statements by me, or material omissions of information requested of me, may result in the rejection of my application.

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 declared bankruptcy? _____ .	

CONFIDENTIAL FINANCIAL STATEMENT

DATE _____, 20__

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

ASSETS		LIABILITIES AND NET WORTH	
Cash on Hand & Unrestricted in Banks (See Sched. No. 1)	\$	Notes Payable to Banks, Unsecured Direct Borrowings Only (See Sched. No. 1)	\$
U.S. Government Securities		Notes Payable to Banks, Secured Direct Borrowings Only (See Sched. No. 1)	
Accounts & Loans Receivable (See Sched. No. 2)		Notes Receivable, Discounted with Banks, Finance Companies, etc.	
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 & Bonds (See Sched. No. 4)		Accounts Payable	
Real Estate (See Sched. No. 5)		Interest Payable	
Automobiles Registered in Own Name		Taxes & 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, & loans)

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