



**FRANCHISE EVALUATION FORM**

**PRIVACY POLICY** ALL INFORMATION PROVIDED IS KEPT CONFIDENTIAL AND WILL NOT BE DISCLOSED EXCEPT FOR PURPOSES OF VERIFICATION

**FRANCHISE EVALUATION FORM**

PLEASE ANSWER ALL QUESTIONS  
WRITE CLEARLY OR PRINT

**PERSONAL INFORMATION**

|                                      |        |                  |                      |             |                         |  |
|--------------------------------------|--------|------------------|----------------------|-------------|-------------------------|--|
| LAST NAME                            |        | FIRST NAME       |                      | MIDDLE NAME | SOCIAL SECURITY NUMBER  |  |
| DATE OF APPLICATION<br>/ /           |        | BIRTHDATE<br>/ / | AGE                  |             | TELEPHONE NUMBER<br>( ) |  |
| CURRENT ADDRESS                      |        | CITY             | STATE                | ZIP         | HOW LONG?               |  |
| PREVIOUS ADDRESS                     |        | CITY             | STATE                | ZIP         | HOW LONG?               |  |
| HEIGHT<br>ft. in.                    | 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 AREA(S)?  |                                    |

**EDUCATION**

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

|                    |                                   |                        |                      |
|--------------------|-----------------------------------|------------------------|----------------------|
| NAME OF SCHOOL     | DATES OF ATTENDANCE<br>/ / 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<br>/ / 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 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<br>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<br>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<br>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<br>/ / | YEAR _____  |
| LIST ANY PHYSICAL IMPAIRMENTS OR CHRONIC ILLNESSES WHICH MAY PRECLUDE CERTAIN TYPES OF ACTIVITIES | EXPLAIN                           | 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 ζ | SAVINGS ACCOUNT ζ | OTHER ζ |

**CONTINGENCIES**

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

**CONFIDENTIAL FINANCIAL STATEMENT**

NAME \_\_\_\_\_ DATE: \_\_\_\_\_, 20 \_\_\_\_\_

**(PLEASE ANSWER ALL QUESTIONS USING “NO” OR “NONE” WHERE NECESSARY)**

| ASSETS  |    | LIABILITIES AND NET WORTH   |    |
|---|----|---|----|
| Cash (See Sched. No. 1)<br>On hand, and unrestricted in banks.                | \$ | 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 and Loans Receivable (See Sched. No. 2)                              |    | Notes Receivable, Discounted with Banks, Finance Companies, etc. (See Sched. No. 1) |    |
| Notes Receivable, Not Discounted (See Sched. No. 2)                           |    | Notes Payable to Other, Unsecured   |    |
| 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**

| <b>No. 1 Banking Relations. (A list of all my bank accounts, including savings and loans)</b> |              |              |                  |                                     |
|---|--------------|--------------|------------------|-------------------------------------|
| Name and Location of Bank   | Cash Balance | Amt. of Loan | Maturity of Loan | How Endorsed, Guaranteed or Secured |
|   |              |              |                  |                                     |
|   |              |              |                  |                                     |
|   |              |              |                  |                                     |
|   |              |              |                  |                                     |

| No. 2. Accounts, Loans and Notes Receivable. (A list of the largest amount 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)<br>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 consents and authorizes Franchisor to conduct a background check which may include investigation of employment history, educational background, criminal history, military records, credit history and department of motor vehicle records. All information derived from the above shall be kept confidential and be used by Franchisor for internal evaluation purposes only.

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 \_\_\_\_\_