



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 / /		BIRTHDATE / /		AGE		TELEPHONE NUMBER ()	
CURRENT ADDRESS				CITY		STATE	
				ZIP		HOW LONG?	
PREVIOUS ADDRESS				CITY		STATE	
				ZIP		HOW LONG?	
HEIGHT 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 / / 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 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

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	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 _____
Are any of your assets pledged? _____
Are you a defendant in any lawsuits or legal actions? _____
Have you ever taken bankruptcy? _____

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) 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

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

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) 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 _____