



## Franchising Preliminary Information Sheet

**Directions:** Please fill out all sections of this sheet. The information requested herein is for initial evaluation of your qualifications as a franchisee and will be kept strictly confidential. Completion of this sheet is not an offer to purchase a franchise and does not obligate you in any way. Should you elect to purchase a franchise, you may be required to furnish additional information.

### Part I. General Information

Date: \_\_\_\_\_ Social Security Number \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Spouse's name \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home phone (\_\_\_\_) \_\_\_\_\_ Business phone (\_\_\_\_) \_\_\_\_\_

If necessary, may we contact you at your place of business? \_\_\_\_\_ Yes \_\_\_\_\_ No

Best time to contact you \_\_\_\_\_ (a.m.) \_\_\_\_\_ (p.m.)

Marital Status: \_\_\_ Single \_\_\_ Married \_\_\_ Divorced \_\_\_ Children (number)

Ages of children \_\_\_\_\_ Do you have any health problems? If so, please describe

\_\_\_\_\_

\_\_\_\_\_

Does your spouse have any health problems? If so, please describe

\_\_\_\_\_

Desired area for franchise (city and state) \_\_\_\_\_

Second choice of location (city and state) \_\_\_\_\_

### Part II. Education

School	Name of school, city, state	Last year completed (circle one)				Last yr. Attended Mo/Yr	Major	Degree
High	_____	9	10	11	12	/	_____	_____
College	_____	1	2	3	4	/	_____	_____
College	_____	1	2	3	4	/	_____	_____
Graduate School	_____	1	2	3	4	/	_____	_____

**Part III. Employment History**

Please use the spaces below to list employment history within the past five years, or three positions held, starting with most current position.

<b>Dates</b>	<b>Company</b>	<b>Address</b>	<b>Position</b>	<b>Income</b>
____ to ____	_____	_____	_____	_____
____ to ____	_____	_____	_____	_____
____ to ____	_____	_____	_____	_____
____ to ____	_____	_____	_____	_____
____ to ____	_____	_____	_____	_____
____ to ____	_____	_____	_____	_____
____ to ____	_____	_____	_____	_____

**Part IV. Financial Information**

**ASSETS**

Checking and Savings \$ \_\_\_\_\_  
Stock and Bonds \$ \_\_\_\_\_  
Real Estate Owned (Home) \$ \_\_\_\_\_  
Real Estate Owned (Other) \$ \_\_\_\_\_  
Other Assets \$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
TOTAL ASSETS \$ \_\_\_\_\_

**LIABILITIES**

Notes Payable - Banks \$ \_\_\_\_\_  
Notes Payable – Other \$ \_\_\_\_\_  
Real Estate Mortgage Payable (Home) \$ \_\_\_\_\_  
Real Estate Mortgage Payable (Other) \$ \_\_\_\_\_  
Others \$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
TOTAL LIABILITIES \$ \_\_\_\_\_  
NET WORTH \$ \_\_\_\_\_  
TOTAL LIABILITIES/NET WORTH \$ \_\_\_\_\_

**Explanations**

Other Sources of Income

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Will you finance this business venture by cash or loan? If a loan, what is the collateral?

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If borrowed from individual, give name, address and occupation

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**Part IV. References**

**PERSONAL**

Name	Occupation	Address	Phone
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

**CREDIT**

Name	Type of Account	Address	Phone
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

**Part V. Other**

Have you ever owned or do you presently own a business? If so, please give details

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Have you ever made application for a bond that was refused?

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Have you ever filed for bankruptcy, had a real estate loan foreclosed, or had any liens against you? If so, please explain.

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Have you ever been or are you now a party to any lawsuits? If so, please explain

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Have you ever been convicted of any offense? Include traffic violations for which you were fined \$50 or more. If so, explain in full, including date, charge, place, under what name and action taken. Use additional paper if necessary.

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I understand that the information provided is confidential and affirm that it is true to the best of my knowledge. I understand that providing this information does not obligate me to purchase a franchise, nor does it obligate the franchiser to offer a franchise to me.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_