

## FRANCHISEE EVALUATION FORM



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

PLEASE ANSWER ALL QUESTIONS  
WRITE CLEARLY OR PRINT

### PERSONAL INFORMATION OF THE CONTACT PERSON

FIRST NAME			MIDDLE NAME			LAST NAME		
DATE OF APPLICATION  / /		DATE OF BIRTH  / /		AGE	PHONE NUMBER		EMAIL	
POSITION		CURRENT ADDRESS			CITY		COUNTRY	

### COMPANY INFORMATION

COMPANY NAME			
ADDRESS OF THE HQ / CITY / COUNTRY			
PHONE NUMBER	FAX NUMBER	EMAIL	WEBSITE
DATE ESTABLISHED	TRADE LICENCE NO.	GENERAL MANAGER NAME	

### APPLICANT'S FRANCHISE PLANS

PLEASE LIST SHARES OWNERSHIP IN DETAILS. (NAME OF SHAREHOLDER/ %OF SHARES)			
-			
-			
-			
-			
WILL ONE OF THE SHAREHOLDERS BE RUNNING THE FRANCHISE BUSINESS? IF YES, PLEASE SPECIFY IN DETAILS			
AMOUNT OF CAPITAL AVAILABLE FOR THIS BUSINESS			
PLEASE EXPLAIN SOURCE OF CAPITAL (OWNED, LOAN, ...)			
TERRITORY FOR WHICH APPLICATION MADE		WOULD YOU CONSIDER ANY OTHER AREA? WHAT AREA(S)?	
ANY EXPERIENCE WITH SIMILAR BUSINESSES?			

**BUSINESS AND EXPERIENCE RECORD**

GIVE A COMPLETE RECORD OF YOUR COMPANY'S EXPERIENCES

WHAT BUSINESS HAS/IS THE COMPANY INVOLVED IN? PLEASE SHARE DETAILS				
BUSINESS NAME	ADDRESS(ES)	MAIN ACTIVITY	ANNUAL AMOUNT OF NET PROFITS	MANAGED BY SHAREHOLDERS OR EMPLOYEES?
IS ONE OF THE ABOVE COMPANIES A FRANCHISED BUSINESS?	<input type="checkbox"/> A FRANCHISEE OF ..... <input type="checkbox"/> A FRANCHISOR <input type="checkbox"/> NO IT IS NOT			

**REFERENCES**

PLEASE LIST THREE PROFESSIONAL – 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

**COMPANY CONTINGENCIES**

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

NAME: \_\_\_\_\_ DATE: \_\_\_\_ / \_\_\_\_ / 20\_\_\_\_

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

ASSETS		LIABILITIES AND NET WORTH	
Cash on hand, and unrestricted in banks. (See Sched. No. 1)	\$	Notes Payable to Banks. Unsecured Direct Borrowings only. (See Sched. No. 1)	\$
		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. 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. 4. 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 Size	Improvements Consist of	Mortgages or Liens	Due Dates and Amounts of Payments	Assessed Value	Present Market Value	Unpaid Taxes	
							Year	Amount

**No. 5. 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?

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 \_\_\_\_\_

Rev. 10/2014