



PKG SENT
FOC SENT
RECEIPT RETURNED
FOR OFFICE USE ONLY

This form, when completed, is an essential part of our consideration in granting a franchise to you. Please print or type and give specific answers to all questions. All answers are held in confidence. Each proposed partner of the franchising group should complete a copy of this form.

APPLICANT INFORMATION			
First Name:	Last Name:	Middle Initial:	
Soc. Sec# - -	Date of Birth: / /	<input type="checkbox"/> Male <input type="checkbox"/> Female	
Marital Status:		No. of Dependents:	Dependent's Ages:
SPOUSE INFORMATION (If applicable)			
First Name:	Last Name:	Middle Initial:	
Soc. Sec# - -	Date of Birth: / /	<input type="checkbox"/> Male <input type="checkbox"/> Female	

RESIDENCE			
Primary Residence:			
			<input type="checkbox"/> Own <input type="checkbox"/> Rent
City:	State:	Zip:	
Phone:	Cell:	Business Phone:	Email:
Previous Residence Address:			
			<input type="checkbox"/> Own <input type="checkbox"/> Rent
City:	State:	Zip:	
From:	To:		

EDUCATION	APPLICANT	SPOUSE
Highest Level Completed	12 13 14 15 16 16+	12 13 14 15 16 16+
Highest Degree Earned		
Major Field of Study		
College / University		

How did you become aware of the Floods4Less Franchise opportunity?
How did you hear about Floods4Less Franchise?



BUSINESS EXPERIENCE (List Company Name, Type of Business, Position Held, Dates)
Present / Most Recent Position:
Previous Position:
Spouse:
Have you ever operated a business: <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, what type?
List other business affiliations (Officer, Director, Partners, etc.):

BUSINESS AND MANAGEMENT GOALS
Do you plan to devote full time to this business venture? <input type="checkbox"/> YES <input type="checkbox"/> NO
Will your Spouse be active in the franchise? <input type="checkbox"/> YES <input type="checkbox"/> NO
Do you plan to have an equity partner? <input type="checkbox"/> YES <input type="checkbox"/> NO
If YES, will partner be active in Franchise? <input type="checkbox"/> YES <input type="checkbox"/> NO
Name: _____ Address: _____ Phone: _____
Location Preference (City / State / Zip)
1 st
2 nd
3 rd
Would you consider an existing store opportunity? <input type="checkbox"/> YES <input type="checkbox"/> NO

REFERENCES				
NAME	ADDRESS	CITY / STATE / ZIP	PHONE	OK TO CONTACT?
				<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO



STATEMENT OF FINANCIAL CONDITIONS AS OF 20__				
Cash in bank	Checking		Notes Payable to Other (Detail)	
	Savings		Installment Debt Payable:	Credit Cards
	Mutual Funds			
				Auto / Boat
Notes Receivable			Taxes Payable.	
Readily Marketable Securities			Mortgages or Liens on Real Estate	
Other Investments			Loans on Life Insurance	
Cash Surrender Value of Life Insurance				
			Other Liabilities (Detail)	
NON-CURRENT ASSETS				
Mortgages & Deeds of Trust Owned				
Real Estate (See Schedule 1 below)				
Automobiles & Other Vehicles				
Personal Property / Household Goods				
Other Assets (Detail)	IRA's		TOTAL LIABILITIES	
	Retirement Funds			
	401k's		NET WORTH (TOTAL ASSETS - LIABILITIES)	
TOTAL ASSETS			TOTAL	

MONTHLY				
Salary		Mortgage		As Endorser
Spouse's Salary		Auto, Boat, 2 nd Home		As Guarantor
Dividends		Credit Cards		On Damage Claims
Interest		Insurance		For Taxes
Fee's / Commissions		Notes Payable		Other
Rentals		Living Expense		Rentals
Other (Describe)		Other		Check Here if "NONE"
TOTAL INCOME		TOTAL MONTHLY EXPENSE		TOTAL CONTINGENT LIABILITIES

SCHEDULE 1 REAL ESTATE						
Item No.	Location & Type of Property	Title in Name of	Monthly Payment	Market Value	Mortgage Balance	Date Purchased
1.						
2.						
3.						

The above information has been prepared to the best of my (our) ability, and I (we) have not knowingly withheld any material information of an adverse nature. I (We) understand that this information may be relied upon by the credit to extend credit to me (us.). It is understood that the purpose of this questionnaire is for general information and is in no way binding upon either the Company or the candidate. Consent is given for a credit report to be obtained by the Company. It is, however, understood that the candidate supplies this information contained herein, to the best of his/her knowledge and ability and that the company relies on this fact in assessing the desirability and qualification of the candidate.

*** Please attach resume for yourself and your spouse/partners if they plan to be involved in the franchise.**

Applicant's Signature

Date

Spouse/Partners Signature

Date