

Confidential Qualification and Financial Statement



Completion of this form does not obligate either party in any manner. Please complete form (print clearly- do not leave any questions unanswered). Please attach a copy of your resume.

Personal Data:

Name (Mr., Mrs., Ms.) _____

Home Address _____ How long there? _____

City _____ State _____ Zip Code _____

Social Security # _____ Date of Birth _____

Maiden Name/ Prior Names Used _____

If married, spouse's first name _____ Spouse's Occupation _____

Home # _____ Business # _____ Cell # _____

When is a convenient time to call? _____ May we call you at work? yes no

Email address personal work _____

Education: Circle highest grade completed:

High School 1 2 3 4 College 1 2 3 4 Major _____

Degree(s) held _____

List name and location of High School(s)/ College(s) and dates attended:

1.) _____

2.) _____

3.) _____

4.) _____

Business History:

Please reflect a minimum of 10 years employment. (Include copy of resume)

From	To	Company	Position	Annual Income

Do you have an affiliation with any other business? (Officer, Director, Owner, etc.)

_____ yes no

Have you ever been self-employed? (Describe) yes no

Have you ever had any experience with a franchise? (Describe) yes no

Intentions & Expectations as a new Franchisee:

Do you plan to operate this business yourself? yes no

How much time will you devote to supervising this business?

Do you have a preference as to area, or city, where you would like to have your office located?

yes no _____

List areas in order of preference:

- 1.) _____ 2.) _____
3.) _____ 4.) _____

What is your target date for opening? _____

What are your motivations for owning your own franchise?

What are some of your chief concerns in starting your venture?

Funding & Sources of Income:

How many persons, including yourself, are dependent on you for support? _____

If married, does your spouse work? yes no

Name of Employer _____

Title _____ Length of Employment _____

Will your spouse work in your new business? yes no?

Monthly Income:

Spouses Income\$ _____ Interest\$ _____

Real Estate Income\$ _____ Pensions\$ _____

Other Income\$ _____ Describe: _____

Your Financial Statement

Assets	Liabilities
Cash in Banks \$	Notes Payable \$
Stocks & Bonds \$	To Banks \$
Accts/Notes Receivable \$	To Mortgage \$
Real Estate Owned \$	Credit Cards \$
Automobiles \$	To Others \$
Personal Property \$	Automobile Loans \$
Unlisted Stocks \$	Other Installment Loans \$
Other Assets \$	Other Debt \$

TOTAL ASSETS \$	TOTAL LIABILITIES \$
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NET WORTH (Assets less Liabilities) \$

How much of your "net worth" stated in your financial statement would you commit to investing in this business? _____

How much of that sum would be available in cash on short notice? _____

Will you need to arrange financing? yes no

Do you have a financing source? yes no

Name: _____ Amount of Credit Available: _____

Please describe the funding sources and amounts you will use to start your franchise?

Have bankruptcy proceedings ever been commenced against you, your spouse or any business in which you have held an interest? yes no If so, when & what date? _____

Bank Information:

Your Personal Bank _____ Contact _____

City _____ State _____ Phone _____

Your Business Bank _____ Contact _____

City _____ State _____ Phone _____

Please give us any additional information not outlined above that you feel would help in evaluating your overall position:

Comments:

Please use this space to summarize your skills and experience that you will draw upon to become a successful franchise:

This is to inform you that, as part of our procedure for processing your application, an investigative report may be made whereby information is obtained through personal interviews with third parties, such as current or former employers, family members, business associates, financial sources, friends, neighbors, or others with whom you are acquainted. This inquiry includes information as to your employment performance, character, general reputation, personal characteristics, and mode of living, whichever may be applicable. We will also obtain a report of your credit history (if necessary). You have the right to make a written request, within a reasonable period of time, for a complete and accurate disclosure of additional information concerning the nature and scope of the investigation.

I/We hereby authorize and request any and all of my/our current and former employers and others, unless otherwise indicated, to furnish a complete history of my services with them, together with any information they may have concerning my personal character, habits, ability, disposition, etc. and particularly a statement of the cause of termination of my employment (if applicable). I/We hereby authorize any credit reporting agency to release credit history and other financial information on me/us. I/We hereby release all persons who provide any such information from any and all liability for damages of whatsoever nature as a result of furnishing the requested information. To the best of my/our knowledge and ability, the information I/We have submitted is correct. I/We acknowledge that the information is submitted in support of my/our seeking approval for a Synergy franchise and that Synergy will rely on this information. I/We hereby release Synergy and its affiliates from all liability arising out of their investigation of my business and personal background.

Signature

Date

Signature (Applicant's Spouse or Business Partner)

Date

Fax or Mail your CONFIDENTIAL FINANCIAL AND QUALIFICATION REPORT to:

Synergy Franchising Corporation

Attn: Brian Kazmucha, VP of Marketing & Public Relations

1150 Eastport Drive

Valparaiso, IN 46383

Phone (800) 652-3500 ext.225 Fax (219) 531-7540

Email: brian.kaz@synergymis.com