

# confidential application

This application does not obligate either party in any manner.

## personal information

Name

Address

City State Zip

Phone  Home  Business Please indicate where we should contact you

Marital Status Spouse's Name

No. of Children No. of Dependents Applicant's Age

Last year of school completed High School 1 2 3 4

College 1 2 3 4

Name of School Year Graduated Degree

## business experience

Present Position Company

Address Annual Salary

Other Income

## previous business experience

Please give exact names, address and dates

1 Dates (From-To) Company Position

Address Annual Salary

2 Dates (From-To) Company Position

Address Annual Salary

3 Dates (From-To) Company Position

Address Annual Salary

4 Dates (From-To) Company Position

Address Annual Salary

# currito

# confidential balance sheet general

As of:

OTHER ASSETS				LIABILITIES			
Cash on hand and in banks				Notes Payable/Banks Secured/ Sched. No. 2			
				Notes Payable/Banks Unsecured/ Sched. No. 2			
U.S. Gov. Securities/Sched. No. 1				Notes Payable to Relatives/Sched. No. 2			
Listed Securities/Sched. No. 1				Notes Payable to Others/Sched. No. 2			
Unlisted Securities/Sched. No. 1				Accounts and Bills Due			
Accounts and Notes Receivable due				Unpaid Income Tax			
				Other Unpaid Taxes and Interest			
Accts./Notes Rec. Goods				Real Estate Mortgages Payable			
Accts./Notes Rec. Doubtful				Chattel Mrtg./Other Liens Payable			
Real Estate Owned				Other Debts Itemize			
Auto/Other Personal Prop.							
Cash Value Life Insurance				Margin Accounts			
Other Assets Itemize							
				<b>TOTAL LIABILITIES:</b>			
				<b>NET WORTH</b>			
<b>TOTAL ASSETS:</b>				<b>TOTAL LIAB. &amp; NET WORTH</b>			

Schedule No. 1 Securities

Schedule No. 2 Notes Payable

NAME	EXCH.	QUOTE	NO.	\$\$	NAME	ADDRESS	COLLATERAL	MATURITY
<b>TOTAL</b>					<b>TOTAL</b>			

# confidential balance sheet general (continued)

## Schedule No. 2 Notes Payable

Legal description of property and improvements, address of lot, block, etc. to be obtained from last tax statement	Date of Acquisition	Title in name of	Cost	Market Value	Mortgage	Maturity

OTHER ASSETS			OTHER DEBTS				
Name	Address	Amount	Due	Name	Address	Security	Amount
<b>TOTAL</b>				<b>TOTAL</b>			

## Personal References (Other than Employers or Relatives)

Name in full	Address in full (Address, City, State, Zip)	Occupation	Yrs. Known

## Give Names of Banks or Finance Companies Where Accounts Have Been Carried or Credit Obtained

Name in full	Account Number	High Credit	Basis

# general information

Market Area Preferred

\_\_\_\_\_ 1 \_\_\_\_\_ 2

\_\_\_\_\_ 3 \_\_\_\_\_ 4

Will you be devoted full time to this business? Yes  No

If not, who will manage the operation?

\_\_\_\_\_ Name

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

\_\_\_\_\_ Marital Status Spouse's Name No. of Dependents

\_\_\_\_\_ How will you finance this business venture?

\_\_\_\_\_ Cash  Loan

\_\_\_\_\_ If loan, what collateral?

If borrowed from individuals:

\_\_\_\_\_ Name Occupation

\_\_\_\_\_ Address

\_\_\_\_\_ Net Worth Please verify with personal financial statement

Do you presently own another franchise? Yes  No

\_\_\_\_\_ If yes, provide name

If you are going to incorporate or form a partnership, please supply the following information:

\_\_\_\_\_ Name of corporation or partnership

\_\_\_\_\_ Date filed State filed

\_\_\_\_\_ Authorized Capital Subscriber Capital

Major Stockholders

\_\_\_\_\_ 1 \_\_\_\_\_ 2

\_\_\_\_\_ 3 \_\_\_\_\_ 4

