

APPLICATION



PERSONAL INFORMATION

Name: _____ Social Security Number: _____

Address: _____

City/State/Zip: _____

Home Telephone: _____

Driver's License Number: _____

Work Telephone: _____

Date of Birth: _____

Best Time to Call: _____

Own or Rent: _____

E-mail Address: _____

How Long at this Address: _____

Marital Status: _____

Have You Ever Been Convicted of a Felony? _____

Number of Dependents: _____

If Yes, Please Provide Brief Detail:

Spouse's Name: _____

Will Spouse Be Active in Franchise: _____

If Yes, Spouse's SSN: _____

Spouse's Birthdate: _____

Spouse's Driver's License: _____

Spouse's Work Phone: _____

EDUCATION EXPERIENCE

	<u>Name of Institution</u>	<u>Location</u>	<u>Major/Degree</u>
High School:			
College:			
Graduate:			
Post Graduate:			
Other:			

PERSONAL REFERENCES

Name: _____ Relationship: _____ Home Phone: () _____
Work Phone: () _____
Address: _____
City: _____ State: _____ Zip Code: _____ Years Known: _____

Name: _____ Relationship: _____ Home Phone: () _____
Work Phone: () _____
Address: _____
City: _____ State: _____ Zip Code: _____ Years Known: _____

Name: _____ Relationship: _____ Home Phone: () _____
Work Phone: () _____
Address: _____
City: _____ State: _____ Zip Code: _____ Years Known: _____

GENERAL INFORMATION

How did you hear about Marco's Pizza? _____

Have you or any member of your family ever been affiliated with or employed by any Marco's Pizza franchise owners? Yes No
If yes, provide details: _____

Do you now or have you ever owned a business? Yes No

If yes, please explain: _____

Do you intend to operate and manage this franchise yourself? Yes No

If no, who will be responsible for the daily operation? _____

Assuming your review of Marco's Pizza is positive, are you prepared to make a decision about the franchise opportunity within sixty (60) days? Yes No

When would you like to open your store? Month _____ Year _____

What is your geographical area of interest? _____

Are you willing to consider other locations? Yes No

How many Marco's Pizza locations are you interested in opening? _____

Please use this space to provide any additional details which may assist us in evaluating your qualifications for a Marco's Pizza franchise:

Applicants are not required to give any information prohibited by law. Our franchise policies are non-discriminatory regarding age, color, sex, religion, national origin, marital status, race, handicap or Vietnam era status.

BUSINESS EXPERIENCE

Work history and/or business started – Please attach resume if available.

Please give present or most recent position first, and provide the last 10 years of work/business history. Attach an additional sheet if necessary.

Company: _____ City: _____ State: _____

Type of Business: _____ Position: _____

Employed From: _____ To: _____

Primary Responsibilities:

May we contact this company? _____ Contact: _____ Telephone: () _____

Company: _____ City: _____ State: _____

Type of Business: _____ Position: _____

Employed From: _____ To: _____

Primary Responsibilities:

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Company: _____ City: _____ State: _____

Type of Business: _____ Position: _____

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May we contact this company? _____ Contact: _____ Telephone: () _____

Company: _____ City: _____ State: _____

Type of Business: _____ Position: _____

Employed From: _____ To: _____

Major Accomplishments:

May we contact this company? _____ Contact: _____ Telephone: () _____

SCHEDULE #1 – BANKING REFERENCES (List all bank accounts including Savings and Loans)		
Bank Name and Address	Account Number	Cash Balance
		\$
		\$
		\$
		\$
TOTAL SCHEDULE #1		\$

SCHEDULE #2 – STOCKS AND BONDS				
Number of Shares	Description of Security	Marketable or Non	Balance on Margin	Current Market Value
			\$	\$
			\$	\$
			\$	\$
			\$	\$
TOTAL SCHEDULE #2				\$

SCHEDULE #3 – ACCOUNTS / NOTES RECEIVABLE		
Received From	Amount	
	\$	
	\$	
	\$	
	\$	
TOTAL SCHEDULE #3		\$

SCHEDULE #4 – REAL ESTATE INVESTMENTS (List all real estate held)						
The legal and equitable title to all real estate listed in this statement is in the name of the applicant unless otherwise indicated.						
Description	Date of Purchase	Cost	Mortgage Balance	Market Value	Liens	Payment
	/ /	\$	\$	\$		\$
	/ /	\$	\$	\$		\$
	/ /	\$	\$	\$		\$
TOTAL SCHEDULE #4						\$

SCHEDULE #5 – LOANS, NOTES AND MORTGAGE PAYABLE		
Payable To	Amount	
	\$	
	\$	
	\$	
	\$	
TOTAL SCHEDULE #5		\$

SCHEDULE #6 – CREDIT CARD DEBT		
Payable To	Amount	
	\$	
	\$	
	\$	
	\$	
TOTAL SCHEDULE #6		\$

FINANCIAL INFORMATION

ASSETS:	Amount
Cash on hand and in banks <small>(See schedule #1 on next page)</small>	\$ Total of Sched 1
Stocks and Bonds <small>(See schedule #2 on next page)</small>	\$ Total of Sched 2
Accounts Receivable <small>(See schedule #3 on next page)</small>	\$ Total of Sched 3
Real Estate Investments <small>(See schedule #4 on next page)</small>	\$ Total of Sched 4
Net Value of Business <small>(Enclose most recent financial statement)</small>	\$
Other Assets (Itemize)	
	\$
	\$
Total Assets	\$

LIABILITIES:	Amount
Loans, Notes and Mortgage Payable <small>(See schedule #5 on next page)</small>	\$
Credit Card Debt <small>(See schedule #6 on next page)</small>	\$
Other Liabilities (Itemize)	\$
	\$
	\$
	\$
	\$
	\$
Total Liabilities	\$

* Indicates true cash value, not face value.

TOTAL NET WORTH (Total Assets Less Total Liabilities)	\$
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This disclosure of my financial assets and liabilities is made as of the _____ day of _____, 20____.
I hereby attest to the accuracy of this financial data and authorize Marco's Franchising, LLC, or its authorized agent, to verify any and all data submitted, and to make any additional credit / background checks which it deems necessary.

I further authorize Marco's Franchising, LLC, or its agent, to release financial and other information concerning me (us) to prospective financial sources upon request.

Signature of Applicant: _____ Date: _____

Signature of Co-Applicant: _____ Date: _____

Signature of Witness: _____ Date: _____