

# Confidential Franchise Application

## Personal Information:

Full name \*

Age \*

Spouse name

Age

Home Address \*

City \*

Province / State \*

Postal / Zip code \*

Work / Day phone \*

Home / Evening phone \*

Fax

Best time to call

Number of children /  
dependents


### State of Health

Self

Excellent  Good  Fair  Other \*

Spouse

Excellent  Good  Fair  Other

**\* Required Fields**

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# Reference Information:

## Level of Education

Self \*  
Spouse

## License Information

Driver's License # *	
Driver's License Class *	
Hazardous Materials Certified? *	Yes No
License ever cancelled / suspended? *	Yes No
(If yes, explain)	

## Character References

	Name	Address / Phone	Years Known
1. *			
2. *			
3. *			

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### \* Required Fields

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# Employment History

## Employment & Business History

**Are you Self-Employed? \***

**Yes No**

**(If yes, explain – please include all relevant information about your business)**

**Have you ever had a business failure? \***

**Yes No**

**(If yes, explain)**

## Employment Record (Self)

**Current / Most Recent Firm \***

**Address \***

**City \***

**Province / State \***

**Present / Most Recent Salary \***

**Starting Year \***

**Work Description \***

**Employment Record (Spouse)**

<b>Current / Most Recent Firm</b>	
<b>Address</b>	
<b>City</b>	
<b>Province / State</b>	
<b>Present / Most Recent Salary</b>	
<b>Starting Year</b>	
<b>Work Description</b>	

**Previous Business Experience**

<b>Date Employed - From Date *</b>	
<b>To Date *</b>	
<b>Position *</b>	
<b>Company Name *</b>	
<b>Type of Business *</b>	
<b>Address *</b>	
<b>City *</b>	
<b>Province / State *</b>	
<b>Name of Supervisor *</b>	
<b>Responsibilities *</b>	
<b>Reason for Leaving *</b>	

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# **Personal Finances**

## **Personal Finances**

**Salary, Wages \***

--

**Bonus, Commissions \***

--

**Dividends, Interest \***

--

**Real Estate Income \***

--

**Business Profits \***

--

**Note, Account Receivable \***

--

**Other Income (Specify Kind) \***

--

**Total Per Annum \***

--

## **Assets**

**Cash on Hand – Bank \***

--

**Real Estate \***

--

**Vested Profit Share \***

--

**Securities \***

--

**Bonds / Debentures \***

--

**Notes / Mort. Rec. \***

--

**Other (Specify Kind) \***

--

**Total Assets \***

	[A\$]
--	-------

## **Liabilities**

Notes, Loans, Payable –  
Bank \*

--

Notes, Loans, Payable –  
Friends \*

--

Notes, Loans, Payable –  
Relatives \*

--

Accounts & Bills Due \*

--

Real Estate Mortgages \*

--

Other Debts (specify) \*

--

Total Liabilities \*

	<b>[B\$]</b>
--	--------------

**Summary**

Net Worth \*

--

**[CS = AS + BS]**

Total Liabilities & Net  
Worth \*

--

**[= BS + CS]**

**Funds, Investors, & Partners**

Funds Available for  
Investment in This  
Business \*

--

If additional funds are  
required for this business,  
are they available to you? \*

<b>Yes   No</b>
-----------------

If so, explain

--

Do you plan to have a  
partner? \*

<b>Yes   No</b>
-----------------

If so, will the partner be  
active?

<b>Yes   No</b>
-----------------

Please give us the partner's  
information

--

**Do you plan to have investors? \***

**Yes No**

**If so, to what extent?**

**Do you plan to have your partner (and/or investors) own (and/or contribute to) more than 10% of the business?**

**Yes No**

If so, please copy **this link** to each of them and have each of them fill out **this form**.

### Credit Companies

	<b>Name</b>	<b>Address / Phone</b>	<b>Highest Credit</b>	<b>Purpose</b>
<b>1. *</b>				
<b>2. *</b>				
<b>3. *</b>				

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### **\* Required Fields**

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# More About You

**How did you become interested in Goodbye Graffiti? Inc.? \***

**From what source did you hear about us? \***

**Which territories are you interested in?**

**When did you want to open a franchise? \***

**Have you ever been involved in the graffiti removal or power washing industry before? \***

**If yes, which company/companies?**

**What are your reasons for starting your own business? \***

**What are some questions you have concerning owning your own business? \***

**Complete the following in your own words:**

**"As I consider my experience and abilities, I am confident that I can successfully operate a Goodbye Graffiti? Inc. franchise because..." \***

**Further comments/questions**

1. *	
2. *	
3. *	
<b>Yes</b>	<b>No</b>

**\* Required Fields**



## **Confirmation**

**I certify that the above information is complete and accurate.  
I submit the following information as my complete and true personal and financial condition of the date shown below. Goodbye Graffiti? Inc. is authorized to contact any appropriate third party or credit agencies to verify the accuracy of the information submitted herein and to retain such information for its records. If requested by Goodbye Graffiti? Inc., I agree to supply statements verifying the above assets from any professional advisor (i.e. banker, broker, accountant or attorney).**

**I agree**

**I do not agree**

**\***

**Current E-mail Address**

**\***

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**\* Required Fields**

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