

Please complete all sections of this form (type or print clearly).

Return it immediately via email to franchising@goodbyegraffitiusa.com.

Your information will be held in strict confidence with no obligation to either party.

*This is not a contract. Thank you.*

|  |
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| Personal Information |
|       |       |       |    /    /      |     -    -      |
| Last Name | First Name | Middle Name | Date of Birth | Social Security Number |
| Physical Address:  |       |       |    |       |
|  | Street | City | State | Zip Code |
| Mailing Address:  |       |       |    |       |
|  | Street | City | State | Zip Code |
| (   )    -     | (   )    -     | (   )    -     | (   )    -     |
| Home Telephone | Work Phone | Mobile Phone | Fax Number |
| When is the most convenient time to call?       | E-mail address:       |
|  |  |  |  |  |
|       |       |
| Current Employer | Occupation & Title |
|       |    /    /      |     -    -      |
| Spouse’s Full Name (if applicable) | Date of Birth | Social Security Number |
|       |       |
| Spouse’s Current Employer | Spouse’s Occupation & Title |
|       |
| Names and ages of children (if applicable) |
| Referring Broker (If Applicable) |
| What is the full name of the broker that referred you to us?       |
| Address:       | City:       | State:    Zip:       |
| Telephone: (   )    -     | Email:       | TIN:       |
| Education |
|       |      ,    |       |       |
| High School | City, State | Highest Level Completed | Degree/Certification |
|       |      ,    |       |       |
| College (Undergraduate) | City, State | Highest Level Completed | Degree/Certification |
|       |      ,    |       |       |
| Other | City, State | Highest Level Completed | Degree/Certification |
|       |      ,    |       |       |
| Employment History |
|       |       | (   )    -     |       |
| Company | Address, City, State | Phone Number | Dates (From – To) |
|       |       |
| Title | Responsibilities |
|       |       | (   )    -     |       |
| Company | Address, City, State | Phone Number | Dates (From – To) |
|       |       |
| Title | Responsibilities |
|       |       | (   )    -     |       |
| Company | Address, City, State | Phone Number | Dates (From – To) |
|       |       |
| Title | Responsibilities |
| Do you or have you ever owned any business not listed above?       |
| If yes, please list and provide a brief description:       |
| What do you like most about any of your jobs or businesses?       |
| What do you like least about any of your jobs or businesses?       |
| What is your greatest achievement?       |
| Your strengths are:       |
| Your weaknesses are:       |
| How would you rate your interest in owning a new business on a scale of 1 (low) to 10 (high)?[ ] 1 [ ] 2 [ ] 3 [ ] 4 [ ] 5 [ ] 6 [ ] 7 [ ] 8 [ ] 9 [ ] 10 |

**[The remainder of this page is intentionally left blank]**

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| Financial Information |
| Do you own or rent your home? [ ] Own [ ] Rent | Years at present address:       | Years in present City or Town:       |
| Mortgage/Rent: $     /month | Mortgage/Rent payable to:       |
| Do you own automobiles? [ ] Yes [ ] No If yes, what is the make, model, and year of each vehicle?       |
| Have you ever declared bankruptcy? [ ] Yes [ ] No If yes, where and when?       |
| What is your intended cash investment?       |
| Do you have a financing source?        | Source:       | Method:       |
|  | **Assets** |  | **Liabilities** |  |
|  | Cash on Hand and in Banks | $      |  | Notes Payable to Bank | $      |  |
|  | US Government Securities | $      |  | Unpaid Income Tax | $      |  |
|  | Listed Securities & Current Market Value | $      |  | Real Estate Mortgages Payable | $      |  |
|  | Unlisted Securities | $      |  | Chattel Mortgages & Other Liens Payable | $      |  |
|  | Owned Automobiles & Personal Property | $      |  | Auto Liens Payable | $      |  |
|  | Cash Value Life Insurance | $      |  | Other Debts Itemized | $      |  |
|  | Retirement Plans & IRA’s | $      |  | Notes Payable | $      |  |
|  | Real Estate Owned | $      |  | Total Credit Card Debt | $      |  |
|  | Other Assets | $      |  | Other Liabilities | $      |  |
|  | **Total Assets** | $      |  | **Total Liabilities** | $      |  |
| **Net Worth: $** |
|  | **Income — Self** |  | **Income — Spouse** |  |
|  | Current Annual Salary | $      |  | Current Annual Salary | $      |  |
|  | Bonus Income | $      |  | Bonus Income | $      |  |
|  | Interest Income | $      |  | Interest Income | $      |  |
|  | Other Income | $      |  | Other Income | $      |  |
|  | **Total Income** | $      |  | **Total Income** | $      |  |
| **Net Income: $** |

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| --- |
| General Information |
| Do you plan to operate this business yourself? [ ] Yes [ ] No | If not, who will operate this business?       |
| In order of preference, please list the areas where you would like to have your office: |
| 1. City:       | State:       | County:       |
| 2. City:       | State:       | County:       |
| 3. City:       | State:       | County:       |
| 4. City:       | State:       | County:       |
| 5. Other:       |
| Why do you wish to purchase a franchise rather than starting your own business or being employed by an existing company?       |
| If your application is approved, when would you prefer to open your franchise?       |
| How did you hear about us?        |
|  |  |  |  |  |
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|  |  |  |  |  |
| **I certify that the information provided on this questionnaire is complete and accurate. I hereby authorize verification of the above information. It is understood that this is a preliminary application and does not bind any party with any obligation.** |
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|  |  |  |  |  |  |
|  |  |  |       |  |  |  |       |  |
|  | Signature |  | Date |  | Signature of Spouse |  | Date |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |       |  |  |       |  |
|  | Name (Print) |  |  | Name (Print) |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |



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