

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.*

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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 | | | | | | | | | | | | | | | | | | | | | | |

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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 |  |
|  |  | |  | |  | | |  | | |  | | |
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|  |  | |  | |  | | |  | | |  | | |
|  |  | |  | |  | | |  | | |  | | |
|  | Name (Print) | |  | |  | | | Name (Print) | | |  | | |
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