



3833 So. Staples St, Ste N201
 Corpus Christi, Texas 78411
 (877) 322-0721 Office (361) 334-3981 Fax

PRE-QUALIFICATION APPLICATION
 (Please return immediately)

PERSONAL

Mr. Ms.

Date of Birth ___/___/___

Last Name _____ First Name _____ Middle Name _____

Address: _____

City _____ State _____ Zip _____

Home Phone (____) _____ Work Phone (____) _____ Best Time to call _____

Fax Number (____) _____ Cellular Number (____) _____ Email _____

Social Security No. _____ Driver's License No. _____ State _____

Residence: Own Rent/Lease Marital Status: Single Married Divorced Separated Widowed

Spouse's Name (if applicable) _____ Children's names & ages _____

Referred by _____

FORMER EMPLOYERS List below your last two employers, starting with the last one first.

Date (Mo/Yr)	Employer's Name & Address	Salary	Position	Reason for Leaving
From To				
From To				

EDUCATION

Highest Education Level Achieved HS Graduate College Graduate Masters PhD

College/University _____ Major _____ Years & Degree _____

Professional Training and/or Certification

REFERENCES

1. Name _____ 2. Name _____ 3. Name _____
 Phone (____) _____ Phone (____) _____ Phone (____) _____
 Best time to call _____ AM/PM Best time to call _____ AM/PM Best time to call _____ AM/PM

FINANCIAL/PERSONAL

Income per year from present occupation \$ _____ Spouse's Income \$ _____ per year

Amount of capital available for investment \$ _____

STATEMENT OF FINANCIAL CONDITION
ASSETS

Business Personal Combined
LIABILITIES

Cash on hand in the bank \$ _____
 Real Estate owned _____
 Marketable securities _____
 Automobiles _____
 Personal Property _____
 Notes receivable _____
 Retirement fund _____
 Profit sharing _____
 401(k) _____
 Other assets (itemize) _____

 Total Assets \$ _____

Notes payable \$ _____
 Mortgage _____
 Other obligations (itemize) _____

 Total Liabilities \$ _____
Net worth (assets – liabilities)

AVAILABILITY

When would you be available to visit our Headquarters? 2-4 weeks 1-2 months _____
 When would you be available to start your franchise? (month/year) _____
 What are your preferred locations? Be specific. 1. _____ 2. _____
 How did you hear about us? _____
 Other information you believe would assist us in evaluating your qualifications: _____

By submitting this completed form, it is understood that I am under no obligation and that this information is provided to assist in evaluating my personal, professional and financial qualifications as a prospective franchisee. I understand that you may check my credit history as a part of this process and hereby give my permission to do so.

Signature: _____ Date: _____

<i>For office use only</i>	
<p><i>For visit to our Headquarters</i></p> <p><input type="checkbox"/> <i>Approved</i> <input type="checkbox"/> <i>Disapproved</i></p> <p>_____</p>	<p><i>Acceptance for Franchise License</i></p> <p><input type="checkbox"/> <i>Approved</i> <input type="checkbox"/> <i>Disapproved</i></p> <p>_____</p>

QUALIFICATION QUESTIONNAIRE

1. Describe your present business and your role in it.

2. What are the greatest challenges facing your business?
 - a. _____
 - b. _____
 - c. _____
3. If you were to start over, what would you do differently? _____

4. What do you think makes the difference between success and failure? _____

5. What was your greatest business or personal...
 - a. Accomplishment? _____
 - b. Disappointment? _____
6. What have you done over the past year to improve...
 - a. Your business? _____
 - b. Yourself? _____
7. Please list the following aspects of life in the order of most importance to you:
Social – Spiritual – Mental – Physical – Family – Financial
 - (1) _____ (4) _____
 - (2) _____ (5) _____
 - (3) _____ (6) _____