

Date:

Applicant's Name:

FRANCHISE APPLICATION FORM



In important business transactions, it is vital for each party to reveal certain information to provide the bases for a continuing relationship. To determine mutual compatibility and financial responsibility, we ask you to fill out this form for careful evaluation by our management. The information supplied by you will be held in the strictest confidence. The submission of this form does not constitute an agreement by either party and is purely for information purposes. Thank you very much.

Please check franchise you are applying for:



CONFIDENTIAL APPLICATION FORM

Please Type or Print:

Date: _____

Name or Names (if more than one principal): _____

Home Address: _____

City, State & Zip Code: _____

Phone Number - Home: () _____ Office: () _____

Best Time to Reach by Telephone: _____

PERSONAL INFORMATION

Date of Birth: ___/___/___ Marital Status: _____ Number of Dependents: _____

Do you own your home? _____ Rent? _____ Years at present address? _____

Social Security Number: _____

Spouse's Name and Occupation: _____

Education (circle last grade completed)

Elementary or Junior High School: 4 5 6 7 8 9 High School: 10 11 12

College: 1 2 3 4 Other: _____

List 3 Character References:

Name

Address

Occupation

1) _____

2) _____

3) _____

Employment during last 10 years (list present or last job first)

Employer

Duties

Salary

Employment Date

_____ From _____ To _____

_____ From _____ To _____

_____ From _____ To _____

Have you ever been involved in any type of franchise business? Yes No

If yes, please describe: _____

FINANCIAL INFORMATION

Name: _____ Date: _____

I make the following statement of all my assets and liabilities as of the ____ day of _____ 19____.

ASSETS		LIABILITIES AND NET WORTH	
Cash	\$	Notes Payable to Banks, Direct borrowing only.	\$
Accounts and Loans Receivable		Notes Payable to Others	
Life Insurance, Cash Surrender Value (Do not deduct loans.)		Loans Against Life Insurance	
Stocks and Bonds		Accounts Payable	
Real Estate		Mortgages Payable on Real Estate	
Automobiles Registered in Own Name		Other Liabilities (Itemized)	
Other Assets (Itemized)			
		Net Worth	\$
Total Assets	\$	Total Liabilities and Net Worth	\$

BANKING RELATIONS			SOURCE OF INCOME	
(A list of all my bank accounts, including savings and loans.)				
Name and Location of Bank	Cash	Amt. of Loan	Salary	\$
			Bonus and Commissions	\$
			Dividends	\$
			Real Estate Income	\$
			Other Income (Itemized)	\$
			Total	\$

REAL ESTATE

The legal and equitable title to the real estate listed in the statement is solely in the name of the undersigned, except as follows:

Description or Street No.	Dimensions or Acres	Improvements Consist of	Mortgages or Liens	Due Dates and Amts of Payment	Assessed Value	Present Market Value

OTHER STOCKS AND BONDS

Face Value (Bonds) No. of Shares (Stocks)	Description of Security	Registered in Name of	Cost	Present Market Value	Income Received Last Year

LIFE INSURANCE

Name of Person Insured	Name of Beneficiary	Name of Insurance Co.	Type of Policy	Face Value of Policy	Total Cash Surrndr. Value	Total Loans Agnst. Policy	Amt. of Yearly Prem.

This information will help us to develop a proforma tailored to your situation.

GENERAL INFORMATION

How did you become interested in our franchise opportunity? _____

Franchise Location First Preference: _____

Franchise Location Second Preference: _____

How much capital are you in a position to invest? _____

Do you currently have a source of financing? _____

Your Signature

Additional information that may be helpful: _____

**Please Respond To:
USA Drug / Super D Drug
3017 N. Midland Drive
Pine Bluff, AR 71603
870-535-2411
Attention: Franchise Division**