



FRANCHISE EVALUATION FORM

The purpose of this Report is for you to provide us general information to help evaluate your qualifications for a *SAVE5 SELF SERVICE LAUNDROMAT FRANCHISE*. This is not an application. If you qualify and a mutual interest develops, we will request additional information at that time. **This form should be completed by EACH provided partner.** Please print or type your answers. You may attach additional pages if necessary to provide complete answers. You may attach additional pages if necessary to provide complete answers. Please answer all questions.

PERSONAL DATA

Last Name	First Name	Middle Name	T.I.N	SSS		
Date of Application (d/mm/yy) / /18		Birthdate / /	Age	Tel No.	Fax No.	
Current Address and Zip Code			Years of Residence			
Previous Address and Zip Code			Years of Residence			
Height	Weight	Civil Status:	Single <input type="checkbox"/>	Married <input type="checkbox"/>	Separated <input type="checkbox"/>	Widowed <input type="checkbox"/>
(If Married) First Name of Spouse			Occupation of Spouse			
Names and Age of Dependent Children						

APPLICANT'S FRANCHISE PLAN

<p>Will the franchise be owned and operated by yourself or a group? Please explain fully.</p>
<p>Amount of capital available for this business. Describe fully.</p>



EDUCATION

PLEASE LIST ALL EDUCATION YOU HAVE RECEIVED INCLUDING HIGH SCHOOL, COLLEGE, MILITARY OR SPECIAL TRAINING.

NAME OF SCHOOL	DATES OF ATTENDANCE	DIPLOMA OR DEGREE
NAME OF SCHOOL	DATES OF ATTENDANCE	DIPLOMA OR DEGREE

BUSINESS EXPERIENCE RECORD

GIVE A COMPLETE RECORD OF YOUR EXPERIENCE. BEGINNING WITH YOUR PRESENT OR LAST POSITION. INCLUDE MILITARY SERVICE.

Have you been in business for yourself?

Name and Address of employer		
Position, Title and Duties		
Dates of Employment FROM / / TO / /	Supervisor's Name and Title	
Reason for Separation	Beginning Salary	Ending Salary

Name and Address of Employer		
Position, Title and Duties		
Dates of Employment FROM / / TO / /	Supervisor's Name and Title	
Reason for Separation	Beginning Salary	Ending Salary
Name and Address of Employer		
Position, Title and Duties		



PHYSICAL CONDITION

General Physical Condition	
Attending Physician	Date of Last Physical Exam
List any Physical Impairments or Chronic Illness which may preclude certain types of activities. Explain.	

INCOME

Year _____	
Earned (Salary, Commission, Fess, Etc.)	P _____
Interest & Dividend Received	P _____
Rents Received	P _____
Other Income	

GROSS INCOME	P _____

REFERENCES

Please list three professional and character references- name- address- telephone
1.
2.
3.
Please list three professional and character references- name- address- telephone
1.
2.
3.
Bank References (Name- Address- Checking Account/Savings Account/Others)
1.
2.
3.



MANAGEMENT GOALS

Do You plan to devote full time in this venture <input type="checkbox"/> Yes <input type="checkbox"/> No If No, Who will Manage The business?
Do you already have a location? <input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, Kindly Provide the exact address.
If No, What are your preferred areas?
Do you plan to have equity partners? <input type="checkbox"/> Yes <input type="checkbox"/> No

If Yes, Please complete the following

Name of Partner	Relationship to applicant
Address	Contact #
Name of Partner	Relationship to applicant
Address	Contact #
Name of Partner	Relationship to applicant
Address	Contact #



CONTINGENCIES

Do you have any contingent liabilities? _____ If so, please itemize _____

_____ Are any of your assets pledged? _____

Are you a defendant in any law suits of legal actions? _____

In submitting the foregoing application and statement undersigned guarantees its accuracy with the intent that it be relied upon in granting a franchise and extending credit to the undersigned and warrants that he/she has not knowingly withheld any information that might affect his/her credit risk, and the undersigned expressly agrees to notify Franchisor immediately in writing of any material change in his/her financial condition whether application for further credit is made or not in the absence of such written notice, it is expressly agreed that Franchisor in granting a franchise or credit may rely on this statement as having the same force and effect as delivered upon the date additional credit is requested or existing credit is extended or continued.

The undersigned certifies that each part of the application and financial statements hereof and the information inserted herein has been carefully read and is true and correct.

Date: _____ Signed: _____
Signature over Print Name