

PERSONAL INFORMATION

Name	Home phone	E-Mail
Residence	Business phone	
City	May we contact you at your business phone?	
State/Zip code	Social security number	Date of Birth
Spouse's name	Spouse's social security number	Names and ages of children
Have you ever been convicted of anything other than minor traffic violations? Has any judgment ever been entered against you or your company or your employer where you were one of the litigants? Are you involved in pending litigation? If yes, explain.		
Have you or your spouse ever declared personal bankruptcy? If yes, explain.		
Of which country are you a citizen?		

EDUCATION

Last year of school completed	Name of college and/or postgraduate school	Degree
Describe any training in sales, management or retailing		

BUSINESS EXPERIENCE

Present occupation	Position	Dates employed
Company	Address	
Describe duties, number of employees supervised and responsibilities		
Previous business experience (List most recent first.)		
Occupation	Position	Dates Employed
Company	Address	
Describe duties, number of employees supervised and responsibilities		
Occupation	Position	Dates Employed
Company	Address	
Describe duties, number of employees supervised and responsibilities		

Have you ever owned your own business or franchise? If so, explain.

Have you ever had a business failure? If so, explain.

PERSONAL FINANCIAL STATEMENT

INCOME STATEMENT FOR 12 MONTH PERIOD ENDING _____

Salary, wages, bonus, commissions	\$
Dividends, interest	
Other income - specify source, e.g., business profits (self-employed), trust, spouse, etc.	
TOTAL	\$

Please provide details on the following asset verification schedules (schedule numbers in parentheses).

Assets	
Cash on hand and in banks	\$
Vested profit sharing	
Securities, Bonds/debentures (1)	
Notes, accounts and mortgages receivable (2)	
Real estate-current market value (6)	
Net value of business interests (7)	
Other-automobiles and other personal property, etc. (4)	
Total assets	

Liabilities	
Loans/notes/accounts payable (3)	\$
Real estate mortgages (6)	
Other debts or obligations (5)	
Total liabilities	
Net Worth	\$
Total liabilities and net worth	\$

ASSET VERIFICATION SCHEDULES

(1) Listed securities, bonds/debentures

No. shares	Description	Pledged (yes/no)	Current mkt. value
TOTAL			\$

(2) Notes/accounts/mortgages receivable

Debtor	Relation to applicant	Nature of debt	Maturity date	Original face value	Monthly payment	Present balance
Total						\$

(3) Loans/notes/accounts/bills payable (excluding mortgages)

Lender	Relation to applicant	Nature of debt	Secured yes/no	Maturity date	Original face value	Monthly payments	Interest rate	Present balance
Total								\$

(4) Other Assets

(e.g., stock options, cash value of life insurance, automobiles and other personal property, etc.)

Description	Current fair market value
Total	\$

(5) Other debts and liabilities

(e.g., insurance loans, alimony, child support, leases, contracts, legal claims, judgments, chattel mortgages, taxes, comaker or guarantor, etc.)

Obligee	Description	Amount
Total		\$

ASSET VERIFICATION SCHEDULES-- Continued

(6) Real estate

Address and description of property (residential, rental, vacant)	Date acquired	Title in name(s) of	Original cost	Original mortgage amount	Mo. payments (incl. taxes, assessments)	Current market value	Current mortgage balance	Net Value
Total						\$	\$	\$

(7) Business Interests

Name and address of business	Description	Type (partner, Corp., sole)	Names of all owners	Relation to applicant	Percent equity	Buy/sell agreement yes/no	Valuation method	Net value your interest
Total								\$

Does your spouse or another person have any interest in any of the above assets? If yes, please explain and list assets.

Have any of the above assets been acquired by you as a gift? If yes, specify assets, from whom and when,

MISCELLANEOUS INFORMATION

List any hobbies, community activities, special interests or other pertinent information

Are you related by blood or marriage to any officer of Team Horner? Name Relationship

Are you or your employer providing products, goods or services to Team Horner or franchisees of Team Horner? If yes, please attach detailed information.

Will you devote your full time to this business?

Personal references (other than employers or relatives)

Name in full	Address	Occupation	Years known
Name in full	Address	Occupation	Years known
Name in full	Address	Occupation	Years known