

CONFIDENTIAL



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**Please return via FAX to
APG MARKETING
(973) 831-6384
or scan/email to
Info@APGFranchise.com**

**Retirement & Estate
Planning Specialists**

PRELIMINARY INFORMATION FORM **Directions:** Please fill out all sections of this sheet. The information requested herein is for initial evaluation of your qualifications as a Franchisee and will be kept strictly confidential. Completion of this sheet is not an offer to purchase a franchise or does not obligate you in any way. Should you elect to purchase a franchise, you may be required to furnish additional information. Please use additional sheet of paper if necessary.

Part I. General Information

Date: _____

Name _____ Birthdate _____

Spouse's name _____ Birthdate _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Business Phone _____ Email _____

If necessary, may we contact you at your place of business? Yes No Best time to contact a.m. p.m.

Marital Status: Single Married Divorced ___ Children (number) Ages of Children _____

Do you have any health issues to disclose that might affect operating as a Franchisee? If so, please describe

Desired area for franchise (city and state) 1. _____ 2. _____

Part II. Highest Level of Education

High School: _____ College: _____ Graduate School: _____

Part III. Employment History

Dates	Company	Address	Position	Income
1. ____ to ____	_____	_____	_____	_____
2. ____ to ____	_____	_____	_____	_____
3. ____ to ____	_____	_____	_____	_____

Part III. Financial Information

ASSETS:

Checking and Savings \$ _____
Stocks and Bonds \$ _____
Real Estate Owned (Home) \$ _____
Real Estate Owned (Other) \$ _____
IRA \$ _____
401K's \$ _____
Automobiles \$ _____
Your Own Business \$ _____
Other Assets \$ _____
Total Assets \$ _____

Net Worth \$ _____

LIABILITIES:

Notes Payable – Bank \$ _____
Notes Payable – Other \$ _____
Real Estate Mortgages Payable (Home) \$ _____
Real Estate Mortgages Payable (Other) \$ _____
Other Liabilities _____ \$ _____
_____ \$ _____
_____ \$ _____
_____ \$ _____
_____ \$ _____
Total Liabilities \$ _____

Other sources of income

Will you finance this business venture by cash or loan? If a loan, what is the collateral?

If borrowed from individual, give name, address and occupation.

Part IV. Other

Have you ever owned or do you presently own a business? If “yes,” explain.



Have you ever made application for a bond which was refused? _____

Have you ever filed for bankruptcy, had a real estate loan foreclosed, or had any liens against you? If so, please explain. _____

Have you ever been or are you now party to any lawsuits? If so, please explain.

Have you ever been convicted of any offense? Include traffic violations for which you were fined \$50 or more. If so, explain in full, including date, charge, place, under what name and action taken. Use additional paper if necessary. _____

Please list all present & past professional licenses in your name (real estate, Life/Health Insurance, Securities, etc.)

I understand that the information provided is confidential and affirm that it is true to the best of my knowledge. I understand that providing this information does not obligate me to purchase a Franchise, nor does it obligate the Franchisor to offer a Franchise to me.

Signature _____
(Digital Signature/Your Name)

Date _____

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