



PO Box 681896, Marietta, GA 30068

770.332.3663 / 770.620.0458 fax

PERSONAL INFORMATION: (please type or print)

Date: _____
Name: _____ SS #: _____
Residence Address: _____
City: _____ State: _____ Zip: _____
Marital Status: _____ Number and ages of children: _____
Spouse's Name: _____ Home Phone: () _____

EDUCATION: (attach separate sheet, if necessary)

Institution: _____ Degree: _____
Did You Graduate? _____ When? _____ Other: _____

BUSINESS EXPERIENCE:

Current Employer: _____
Business Address: _____
City: _____ State: _____ Zip: _____
Position: _____ Phone: () _____
Type of Business: _____ Length of Employment: _____

Previous Employer: _____
Business Address: _____
City: _____ State: _____ Zip: _____
Position: _____ Phone: () _____
Type of Business: _____ Length of Employment: _____

Spouse's Current Employer: _____
Business Address: _____
City: _____ State: _____ Zip: _____
Position: _____ Phone: () _____
Type of Business: _____ Length of Employment: _____

Previous Employer: _____
Business Address: _____
City: _____ State: _____ Zip: _____
Position: _____ Phone: () _____
Type of Business: _____ Length of Employment: _____

MEMBERSHIPS AND AFFILIATIONS:

FINANCIAL INFORMATION: (Approximate if necessary)

Present Income: \$_____ Spouse's: \$_____ Net Worth: \$_____

Cash available for investment is approximately: \$_____

I understand that any associates who join me in the ownership of the franchise must also complete a preliminary application. Please send forms to:

Name: _____

Address: _____

Phone: _____

Do you presently: Own___ or Rent___ House___ Condo___ or Apt. ___ Other_____

Approximate Equity in Home: \$_____

Do you have a financing source for this franchise? _____

Source(s): _____

Name and Address of your Primary Bank: _____

City: _____ State: _____ Zip: _____ Phone: ()_____

Account Number(s): _____

Person to Contact: _____

Additional Pertinent Financial Information: (attach separate sheet if necessary):

I understand that a more complete financial statement will be required prior to the sale of a My Friend's Place franchise.

GENERAL INFORMATION:

By what date do you wish to open your My Friend's Place franchise? _____

What City/Area? _____ Are you willing to relocate? ___ If yes, to what area(s)? _____

General remarks and/or questions: (attach separate sheet, if necessary)

I understand that your receipt of this data or any other information obligates neither me nor MFP Franchise Systems, Inc., and that this information is confidential.

By: _____

Date: _____