



# FRANCHISE APPLICATION

Guthrie's Franchising, Inc.  
2320 Moores Mill Rd, Ste 600  
Auburn, AL 36830

*Returning this application does not obligate you or Guthrie's Franchising, Inc. in any way and does not constitute an agreement for a franchise.*

### Please Print or Type

Name: \_\_\_\_\_ Soc. Sec. No.: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone - Home: \_\_\_\_\_ Office: \_\_\_\_\_

How long at this address: \_\_\_\_\_ Previous Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Marital Status: M S D W Spouse's Name: \_\_\_\_\_

Number of children: \_\_\_\_\_ Ages: \_\_\_\_\_

Education - Highest grade completed: \_\_\_\_\_ Degree of major emphasis: \_\_\_\_\_

List further education or special training: \_\_\_\_\_

Present Occupation: \_\_\_\_\_

Firm name and address: \_\_\_\_\_

Position & responsibilities: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Previous experience:

1. Firm name and address: \_\_\_\_\_

Position & responsibilities: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

2. Firm name and address: \_\_\_\_\_

Position & responsibilities: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

3. Firm name and address: \_\_\_\_\_

Position & responsibilities: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Personal capital available to invest: \_\_\_\_\_

When will you be available to start your franchise? \_\_\_\_\_

Will you work in your franchise full time? \_\_\_\_\_ If part time, please explain why: \_\_\_\_\_

Please list your preferences for location: 1. \_\_\_\_\_

2. \_\_\_\_\_ 3. \_\_\_\_\_

Are you willing to relocate? \_\_\_\_\_ How soon would you be available to relocate? \_\_\_\_\_

Have you ever taken bankruptcy? \_\_\_\_\_ If yes, please give Place, Date & Reason \_\_\_\_\_

What level of income do you initially expect to earn from your business? \_\_\_\_\_

What is your current annual income (include all sources)? \_\_\_\_\_

Personal references: (other than employees or relatives)

Name	Address	Phone
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Current financial information as of (date): \_\_\_\_\_

**ASSETS**

**LIABILITIES**

Cash on hand:	_____	Notes payable:	_____
Securities:	_____		_____
Cash value of insurance:	_____		_____
Vested interest in profit sharing:	_____	Installment loans:	_____
QUICK ASSETS TOTAL	_____	Mortgages:	_____
Personal items:	_____		_____
Autos:	_____	Other obligations:	_____
Home:	_____		_____
Real estate:	_____		_____
Market value of business:	_____		_____
Other assets:	_____	TOTAL LIABILITIES:	_____
TOTAL ASSETS:	_____	NET WORTH:	_____

Which items would you convert to cash if necessary to meet the initial cash requirements? Market value:

\_\_\_\_\_  
\_\_\_\_\_

Why are you interested in becoming a Guthrie's franchisee?

\_\_\_\_\_  
\_\_\_\_\_

NOTE: As part of our procedures for processing your application, investigative reports may be requested from personal references, financial sources, retail credit bureau, etc. By signing this application, you hereby authorize Guthrie's Franchising, Inc. to obtain these reports.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_