

PRELIMINARY APPLICATION

PERSONAL INFORMATION

Date: _____

Name: _____ Age: _____

Residence Address: _____

City: _____ State: _____ ZIP: _____

Home Phone: (___) _____ Marital Status: _____ No. and ages of children: _____

Spouse's Name: _____

EDUCATION

Institution: _____ Did you Graduate? _____ Date: _____

Degree: _____ Other: _____

BUSINESS EXPERIENCE

Current Employer: _____

Business Address: _____

City: _____ State: _____ ZIP: _____

Phone: (___) _____ Type of Business: _____

Length of Employment: _____ Position: _____

Previous Employer: _____

Business Address: _____

City: _____ State: _____ ZIP: _____

Phone: (___) _____ Type of Business: _____

Length of Employment: _____ Position: _____

Spouse's Employment: _____

Business Address: _____

City: _____ State: _____ ZIP: _____

Phone: (___) _____ Type of Business: _____

Length of Employment: _____ Position: _____

Spouse's Previous Employer: _____

Business Address: _____

City: _____ State: _____ ZIP: _____

Phone: (___) _____ Type of Business: _____

Length of Employment: _____ Position: _____

Memberships and Affiliation: _____

FINANCIAL INFORMATION

Approximate Income (\$): _____ Spouse's Approximate Income (\$): _____

Approximate Net Worth (\$): _____ Approximate Cash Available for Investment (\$): _____

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

Name: _____ Phone: _____

Address: _____

Name: _____ Phone: _____

Address: _____

Name: _____ Phone: _____

Address: _____

My Primary Bank: _____

Address: _____

City: _____ State: _____ ZIP: _____

Person to Contact: _____

Additional Pertinent Information: _____

I understand that a more complete financial statement will be required prior to the sale of a Speedy Lockout franchise

GENERAL INFORMATION

By what date do you wish to open your franchise? _____ What city/area? _____

Are you willing to relocate? ___ Yes ___ No If yes, to what area? _____

General remarks and/or questions: _____

I understand that your receipt of this data and any other information obligates neither me nor Speedy Lockout Franchising Inc. and that this information is confidential.

By. _____ Date: _____

(Signature of Applicant)

Please fax completed form to Speedy Lockout Franchising Inc. at 864.640.4430