

# FRANCHISE FINANCE



Rick Anderson, *General Manager, Franchising*  
92 Pebble Beach Dr.  
Little Rock, Arkansas  
(501) 228-4047 (501) 228-0708 FAX  
[www.franchise-finance.com](http://www.franchise-finance.com)

## Please Check One:

- |  |                                     |
|--|-------------------------------------|
| <input type="checkbox"/> New Location        | <input type="checkbox"/> Refinance  |
| <input type="checkbox"/> Additional Location | <input type="checkbox"/> Remodel    |
| <input type="checkbox"/> Equipment Only      | <input type="checkbox"/> Resale     |
| <input type="checkbox"/> SBA Loan            | <input type="checkbox"/> Conversion |

## FRANCHISE (INTERNATIONAL) CREDIT APPLICATION

### CHECKLIST

Name \_\_\_\_\_ DBA \_\_\_\_\_

Work Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ Amt. Requested: \_\_\_\_\_

Email: \_\_\_\_\_ Fax \_\_\_\_\_

All applications must include the following and this checklist must be completed:

- Cover letter generally explaining transaction
- All items answered on next pages
- Both Franchise Finance Credit Application and OPIC Application: Signed and Dated (enclosed).
- Term requested: \* \_\_5 year, \_\_7 year, \_\_\_\_\_ Other
- Do you request approximate interest only payments Yes \_\_\_\_ No \_\_\_\_
- Do you own any franchises now? Name \_\_\_\_\_ How many \_\_\_\_\_
- Who will run location day-by-day \_\_\_\_\_
- Principals that will continue their present employment:
  - a) \_\_\_\_\_ Income yr. \_\_\_\_\_ Type of proof provided \_\_\_\_\_
  - b) \_\_\_\_\_ Income yr. \_\_\_\_\_ Type of proof provided \_\_\_\_\_

### PROCESS:

- Applicant completes both applications and faxes only the written applications and cover letter to Franchise Finance ( business plans, tax returns and other items requested to be sent at a later time )
- Franchise Finance will review the applications and fax back a proposal letter if the project is potentially approvable.
- Applicant signs proposal letter and returns with letter with the non-refundable retainer fee
- Franchise Finance will package and complete forms to present to OPIC
- OPIC will approve or decline (This process will take approximately 30 days)
- Applicant will provide all legal documents to close the loan per OPIC
- OPIC will close loan and funds will be transferred to the applicants bank account

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## CREDIT APPLICATION

Firm Name \_\_\_\_\_ (If not available, apply with your name)

DBA \_\_\_\_\_ Phone \_\_\_\_\_ FAX \_\_\_\_\_

Applicant Address \_\_\_\_\_  
STREET

\_\_\_\_\_ CITY COUNTY STATE ZIP CODE

Type of Business:  Sole Owner  Ltd. Partnership  Gen. Partnership Federal Tax Id. \_\_\_\_\_  
 Corporation Date Est. \_\_\_\_\_ Date Incorp. \_\_\_\_\_ State Incorp. \_\_\_\_\_  Will Incorp. Before Funding

Franchise Location Address \_\_\_\_\_  
(If Available) STREET CITY COUNTY STATE ZIP CODE

### PRINCIPALS OR OFFICERS

1. \_\_\_\_\_ Social Sec. No. \_\_\_\_\_ Home Phone \_\_\_\_\_  
NAME/TITLE % Ownership

Home Address \_\_\_\_\_  
STREET CITY/STATE ZIP

2. \_\_\_\_\_ Social Sec. No. \_\_\_\_\_ Home Phone \_\_\_\_\_  
NAME/TITLE % Ownership

Home Address \_\_\_\_\_  
STREET CITY/STATE ZIP

### BANK REFERENCE (Very important for approval time)

1. \_\_\_\_\_ Acct. No. \_\_\_\_\_ Type \_\_\_\_\_ Contact \_\_\_\_\_ Phone \_\_\_\_\_  
BANK NAME (CHECKING, LOAN, ETC.) BANK OFFICER

2. \_\_\_\_\_ Acct. No. \_\_\_\_\_ Type \_\_\_\_\_ Contact \_\_\_\_\_ Phone \_\_\_\_\_  
BANK NAME (CHECKING, LOAN, ETC.) BANK OFFICER

### TRADE REFERENCE TERM DEBT or CREDIT REFERENCE (Personal or Business)

*Address not necessary*

1. \_\_\_\_\_ Acct. No. \_\_\_\_\_ Contact \_\_\_\_\_ Phone \_\_\_\_\_  
BUSINESS NAME Do not use "800" number

2. \_\_\_\_\_ Acct. No. \_\_\_\_\_ Contact \_\_\_\_\_ Phone \_\_\_\_\_  
BUSINESS NAME Do not use "800" number

### FRANCHISE

Name \_\_\_\_\_ Total dollar amount to be financed: \$ \_\_\_\_\_

Franchise Fee \$ \_\_\_\_\_ W/C \$ \_\_\_\_\_ Equipment: \$ \_\_\_\_\_ Leaseholds: \_\_\_\_\_  
(to be financed) (to be financed) (to be financed) (to be financed)

Land \$ \_\_\_\_\_ Building \$ \_\_\_\_\_ Signage: \$ \_\_\_\_\_ Inventory: \$ \_\_\_\_\_  
(to be financed) (to be financed) (to be financed) (to be financed)

I hereby release to Franchise Finance, or any other Financial Institution, any and all information they may require, at any time, for any purpose related to our credit application. I further authorize them to release such information to any entity that it deems necessary for any purpose related to our credit application. I hereby certify that the enclosed information (together with any attachments or exhibits) is valid and true, accurate and correct to the best of my/our knowledge.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

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## PERSONAL STATEMENT

Name \_\_\_\_\_ Position or Occupation \_\_\_\_\_  
 Residence Address \_\_\_\_\_ Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

The following is submitted for the purpose of procuring, establishing and maintaining credit with you in behalf of the undersigned or persons, firms or corporations in whose behalf the undersigned may either severally or jointly with other execute a guaranty in your favor. The undersigned warrants that this financial statement is true and correct and that you may consider this statement as continuing to be true and correct until a written notice of change is given to you by the undersigned.

*Print clearly. Please do not leave any questions unanswered. Use "No" or "None" where necessary.*

ASSETS IN EVEN DOLLARS	LIABILITIES IN EVEN DOLLARS
<b>Cash (see Schedule A)</b>	
<u>Checking</u> \$ _____	Notes Payable to banks-secured \$ _____
<u>Savings</u> \$ _____	Notes Payable to banks-unsecured \$ _____
<u>Money Market</u> \$ _____	Payable to others \$ _____
<u>CD's</u> \$ _____	Accounts Payable \$ _____
<u>Mutual Funds</u> \$ _____	Unpaid Income Tax \$ _____
<b>Life Insurance</b>	Real Estate mortgages payable— see Schedule D \$ _____
<u>Cash Value (Only)</u> \$ _____	Loans on Insurance \$ _____
<b>Marketable Securities – (see Schedule B)</b>	Loans on 401K \$ _____
<u>Stocks</u> \$ _____	Credit Card Debt \$ _____
<u>Bonds</u> \$ _____	Other Debts – itemize_ \$ _____
IRA's <u>Total</u> \$ _____	<b>TOTAL LIABILITIES</b> \$ _____
401K <u>Total</u> \$ _____	<b>NET WORTH</b> \$ _____
Is 401K accessible? <input type="checkbox"/> No <input type="checkbox"/> Yes Explain: _____	<b>TOTAL LIAB. AND NET WORTH</b> \$ _____
<b>Non-Marketable Securities – (see Schedule C)</b>	
<u>Total</u> \$ _____	<b>PERSONAL AND GENERAL INFORMATION</b>
<b>Real Estate Owned – (see Schedule D)</b>	Do you have a will? _____
<u>Total</u> \$ _____	If yes, name of executor _____
Accounts Receivables	Are you a partner or officer in any other venture?
<u>Total</u> \$ _____	Yes _____ No _____
<b>Personal Property</b> \$ _____	Are you obligated to pay alimony, <u>child support</u> , or
Other Assets – itemize: \$ _____	<u>maintenance</u> payments? If so, describe
<b>TOTAL ASSETS</b>	_____
_____	_____
_____	<u>Social Security No.</u>
_____	Are any assets pledged?
_____	Yes _____ No _____
_____	Are you a defendant in any suits or legal actions?
_____	Yes _____ No _____
<b>ANNUAL SOURCES OF INCOME</b>	Personal bank accounts carried at:
Salary, bonus and commissions Amt. \$ _____	_____
Dividends \$ _____	Have you ever filed bankruptcy? Yes ___ No ___
<u>Real Estate Income</u> \$ _____	If Yes, Explain:
Other Income \$ _____	_____
<u>TOTAL</u> \$ _____	_____
<u>Notes</u>	_____
_____	<b>CONTINGENT LIABILITIES</b>
_____	Do you have any contingent liabilities? \$ _____
_____	<u>Other special debt</u> \$ _____
_____	Amount of contested income tax liens \$ _____

By: \_\_\_\_\_ Date: \_\_\_\_\_

Account No.	Name of Institution	Name on Account	Amount	Copy of Statement Attached (Required)
Checking				
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
Savings				
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
Money Market				
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
CD				
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
Life Insurance		Beneficiary Face Amount	Cash Value Loans	
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
IRA				
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
401K				
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No

# OPIC Country List

This list was last revised on July 21,2003 (Subject to change)

## A

Afghanistan  
Albania  
Algeria  
Angola  
Anguilla  
Antigua & Barbuda  
Argentina  
Armenia  
Aruba  
Azerbaijan

## B

Bahamas  
Bahrain  
Bangladesh  
Barbados  
Belize  
Benin  
Bolivia  
Bosnia/Herzegovina  
Botswana  
Brazil  
Bulgaria  
Burkina Faso

## C

Cambodia  
Cameroon  
Cape Verde  
Central African Republic  
Chad  
Chile  
Colombia  
Congo  
Congo, Dem. Republic of  
Cook Islands  
Costa Rica  
Croatia  
Cyprus  
Czech Republic

## D

Djibouti  
Dominica  
Dominican Republic

## E

East Timor  
Ecuador  
Egypt  
El Salvador  
Equatorial Guinea  
Eritrea  
Estonia  
Ethiopia

## F

Fiji  
French Guiana

## G

Gabon  
Gambia  
Georgia  
Ghana  
Greece  
Grenada  
Guatemala  
Guinea  
Guinea-Bissau  
Guyana

## H

Haiti  
Honduras  
Hungary

## I

India  
Indonesia  
Ireland  
Israel

## J

Jamaica  
Jordan

## K

Kazakstan  
Kenya  
Kiribati  
Kosovo  
Korea, South  
Kuwait  
Kyrgyzstan

## L

Laos  
Latvia  
Lebanon  
Lesotho  
Lithuania

## M

Macedonia  
Madagascar  
Malawi  
Malaysia  
Mali  
Malta  
Marshall Islands  
Mauritania  
Mauritius  
Mexico  
Micronesia  
Moldova  
Mongolia  
Morocco  
Mozambique

## N

Namibia  
Nepal  
Netherlans Antilles  
Nicaragua  
Niger  
Nigeria  
Northern Island

## O

Oman

## P

Pakistan  
Palau  
Panama  
Papua New Guinea  
Paraguay  
Peru  
Phillipines  
Poland  
Portugal

## R

Romania  
Russia  
Rwanda

## S

St. Kitts and Nevis  
St. Lucia  
St. Vincent & Grenadines  
Samoa  
Sao Tome and Principe  
Senegal  
Serbia & Montenegro  
Sierra Leone  
Singapore  
Slovakia  
Slovenia  
Somalia  
South Africa  
Sri Lanka  
Suriname  
Swaziland

## T

Taiwan  
Tajikistan  
Tanzania  
Thailand  
Togo  
Tonga  
Trinidad & Tobago  
Tunisisa  
Turkey  
Turkmenistan  
Turks and Caicos

## U

Uganda  
Ukraine  
Uruguay  
Uzbekistan

## V

Venezuela  
Vietnam

## W

West Bank & Gaza

## Y

Yemen

## Z

Zambia  
Zimbabwe