

FRANCHISE FINANCE

Rick Anderson, *General Manager, Franchising*
92 Pebble Beach Dr.

Little Rock, AR 72212
(501) 228-4047 (501) 228-0708 FAX
www.Franchise-Finance.com

Tracking # _____
(internal use only)

Reference/Franchisor Contact _____
Phone _____
Address _____
Email _____

Please Check As Appropriate

- Remodel/Acquisition
 Equipment Only
 Conversion

****THIS APPLICATION MAY BE FAXED ****

Today's Date _____

APPLICATION ONLY

For Loan Amounts Requested Up To \$75,000.00

2-15-08

Name _____ Franchise _____

Address _____ City _____ State _____ Zip _____

Work Phone _____ Home Phone _____ Cell Phone _____

Fax _____ E-Mail _____ Loan Amount Requested: _____

*Term Requested: ___ 3 year ___ 4 year ___ 5 year ___ Other

Rate Factor Quoted: _____ *

Do you own any franchises now? Name _____ How many _____ How long _____

Include a 12-month royalty report.

Have you applied for a loan anywhere in the last 120 days? Yes ___ No ___

If yes, where/why/status : _____

	PROJECT COST	PAID	SOURCE OF PAYMENT
Leasehold Improvements (inside)	_____	_____	_____
Machinery & Equipment	_____	_____	_____
Furniture & Fixtures & Signs	_____	_____	_____
Inventory	_____	_____	_____
TOTAL PROJECT COST	\$ _____	\$ _____	

LOAN REQUEST ___ % \$ _____

FRANCHISE FINANCE (APP ONLY) LOAN/LEASE APPLICATION 501-228-4047 PH 501-228-0708 FX

Company Name (exact legal name of entity): _____

Street Address: _____

City: _____ County: _____ State: _____ Zip: _____ e-Mail _____

Telephone: _____ Fax: _____ Contact Person: _____ Title: _____

Equipment location if different from above: _____ City: _____ County: _____ State: _____ Zip: _____

Business Type: Proprietorship: _____ Corporation: _____ Partnership: _____ State of Incorporation: _____

Years in Business: _____ Nature of Business: _____ Federal Tax ID #: _____

Personal Information On Officers, Partners, Or Guarantors:

Name: _____ Title: _____ SS #: _____

% Of Ownership: _____ Home Telephone: _____ State of Legal Residence: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Name: _____ Title: _____ SS #: _____

% Of Ownership: _____ Home Telephone: _____ State of Legal Residence: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Company Bank References:

Bank/Branch Name: _____ Contact Person: _____

Checking Acct #: _____ Loan Acct #: _____ Telephone: _____

Bank/Branch Name: _____ Contact Person: _____

Checking Acct #: _____ Loan Acct #: _____ Telephone: _____

Leasing/Trade References:

Name of Supplier: _____ City: _____ State: _____

Telephone: _____ Contact Person: _____ Account #: _____

Name of Supplier: _____ City: _____ State: _____

Telephone: _____ Contact Person: _____ Account #: _____

Mortgagee/Landlord: _____ City: _____ State: _____

Telephone: _____ Contact Person: _____ Account #: _____

Vendor/Information

Vendor Name: _____ City: _____ State: _____ Zip: _____

Contact Person: _____ Phone: _____ Fax: _____

Equipment Cost: _____ Description: _____ (NEW or USED)

THIS APPLICATION DOES NOT OBLIGATE BORROWER TO ENTER INTO THE LOAN/LEASE

The undersigned represents that all information provided with this Application is true and correct and hereby authorizes Franchise Finance and any other Lender working this application, to obtain from third parties, companies, information it deems necessary to arrive at a decision regarding this Application. By signing below, the undersigned individual(s) as principal of and/or Guarantor for the Applicant, authorizes Franchise Finance, its designed, assigns or potential assigns, to review his/her personal credit profile provided by a national credit bureau in considering this Application and for the purpose of the update, renewal, or extension of credit to the Applicant or the collection of any resultant accounts, I authorize all deposit, borrowing, financial and trade information to be released to Franchise Finance by telephone or fax. A photocopy of fax of this authorization shall be valued as the original. To help fight terrorism and money laundering, the information your provide will be verified to allow us to identify you.

Signature _____ Print Name _____ Date _____ Signature _____ Print Name _____ Date _____

Date of Birth _____ Date of Birth _____