

FRANCHISE FINANCE

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 (501) 228-4047 (501) 228-0708 FAX

www.Franchise-Finance.com

Application Includes 8 pages – Please Fax All

Please Check As Appropriate

- New Business Start-up Refinance
 Additional Location Remodel/Acquisition
 Equipment Only Resale
 Conversion

Tracking # _____
(internal use only)

Reference/Franchisor Contact: _____

Phone: _____

Address: _____

Email: _____

FRANCHISE FINANCE CONTACT _____

Today's Date: _____

CONVENTIONAL APPLICATION (m)**(5-15-08 m)**

Name: _____ Franchise: _____

Home Address: _____

Work Phone: _____ Home Phone: _____ Amt. Requested: _____

Cell Phone: _____ Fax: _____ E-Mail: _____

All applications **must** include the following. Use checklist to insure application has been completed.

- General cover letter. This should include specific information on the Franchise and why you chose it, information on your ownership and/or partners, and information on any related companies. Are your related companies profitable or not, and why. Explain any unusual items in your financials and credit. Describe your location, why you like it, any competition in the area and how you plan to market the Franchise.
- Term requested: * 3 Year 4 Year 5 Year 7 Year Other
- Rate Factor Quoted: _____
- Personal financial statements for each principal of the company (use attached form)
- Tax returns, all pages, last two years on each principal of the company. Please sign, date, and include W2 for each person
- Resume for all principals of the company, very important (List any past management experience or industry experience)
- Advance payments due at closing (**1st and last**)
- Tax returns, ALL pages, past two years for any affiliated companies of the borrower (Signed and Dated)
- Copies of Corporate, Partnership, or LLC documents if available
- Current Bank, Stock, & IRA etc. statements for last 3 months
- Do you request fees, closing costs, appraisals, filing fees, any origination, and documentation and fees to be financed? Yes No (some may not be financed)
- Deposit of \$1200* refunded if not approved. Not refunded if applicant cancels after approval
- Please do not put this application package in **binders if mailed** (would prefer it all to be faxed even tax returns)
- Make Copies** for your records as this original can not be returned if mailed
- For Quicker Approvals Fax to 501-228-0708 (originals copies may be needed later)

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

Who will run location day-by-day: _____ **Have You Ever Owned a Business:** _____ **What/When** _____

Principals that will continue their present employment or current income:

- a) _____ Income yr. _____ type of proof provided _____
 b) _____ Income yr. _____ type of proof provided _____

If exact location is not available, pick a tentative location address as this will speed approval time (address can be changed later)

If Franchise Finance has spent any actual costs, fees that may be deducted from deposit include credit reports, origination fees, and credit card fees*

*Quotes are subject to change until approval * Deposit must be requested within 30 days of decline*

All quotes exclude deposits, fees, balloons, residuals and advance payments

New Business Start-Up

- Description of collateral/equipment list and Contractor's Detail Bid on Leaseholds if available
- Copy of an executed lease agreement for your business location if available (not available check here ___)

Financing a franchised business? Also include the following:

- Copy of an executed Franchise agreement if available
- Recent FDD on the Franchisor (ask if we have one on file first)

Financing the purchase of an existing business? Also include the following:

- A Copy of executed Purchase Agreement or draft copy (buy /sell agreement)
- Two Years business financial statements, tax returns, recent interim financial statement on the business to be acquired

Expanding a business you own? Also include the following:

- Completed Business Debt Schedule (as of date of interim statement provided)
- Business financial statements, complete tax returns, last two years and interim (signed and dated)

Credit Questions

Do you have good credit? Yes ___ No ___ Credit Score : _____ Have You Had Credit Min 5 yrs _____ If no Explain _____

Do you have a location yet? Yes ___ No ___ if yes address: _____

If not, list tentative location: _____

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

If yes, where/why/status: _____

Bank & Trade Reference

TYPE	COMPANY NAME	ACCT. NO.	TYPE	PHONE
Bank Ref	_____	_____	_____	_____
Bank Ref	_____	_____	_____	_____
Trade Ref	_____	_____	_____	_____
Trade Ref	_____	_____	_____	_____

Credit Card Option for Deposit: Type: _____ CC# _____ Exp. Date: _____
 (Amount charged to card must be \$1200)

Name on card: _____ Address if different: _____

Signature _____ Date _____

LOAN REQUEST FORM

1. BUSINESS DESCRIPTION:

Name of Borrower: _____

Address: _____
Street
City
County
State
Zip

Operating Company: _____
Trade Name:
Franchise Name:

Franchise Address: _____
Street:
City:
County:
State:
Zip:

Type of Business: _____
Tax ID #
Date Established:

Legal Entity Type: _____ Date Established: _____

Sole Prop S-Corp C-Corp LLC Trust Other Date Inc. _____ State _____

Will you incorporate before funding? _____

Number of Employees at current: _____ If Loan is Approved: _____ Affiliates: _____

Address of location: _____

2. BORROWER OWNERSHIP (Must Total 100%);

Name	Title	Relationship	% Owned	SS#

3. AFFILIATED COMPANIES:

(LIST ALL BUSINESS ENTITIES IN WHICH BORROWER OR ANY PRINCIPLES HAVE OTHER INTERESTS).

Company Name	Owner	% Owned

4. PROJECT COST (required to complete this section)	Paid	Source of Payment
Franchise Fee \$ _____	_____	_____
Land Acquisition _____	_____	_____
Construction (Building Only) _____	_____	_____
Leasehold Improvements (inside) * _____	_____	_____
Machinery & Equipment * _____	_____	_____
Furniture & Fixtures & Signs* _____	_____	_____
Inventory** _____	_____	_____
Payoff Debt _____	_____	_____
Vehicle _____	_____	_____
Resale, Business Purchase Price * _____	_____	_____
Other (Deposits, Permits) _____	_____	_____
Working Capital _____	_____	_____

TOTAL PROJECT COST \$ _____ Paid \$ _____

- *Items Financed ** Sometimes Financed * Resale Business Purchase , Amount Financed up to 100% (borrower may need to inject some cash)
- Maximum Leaseholds Financed , not to go over an Equal Amount of FF&E , Signs & Machinery/EQT (unless preapproved)

LOAN REQUEST \$ _____ BORROWER INJECTION \$ _____ = Total Project Cost \$ _____

Injection coming from where: Other Loans for Project: \$ _____ Home Equity \$ _____ Cash \$ _____ 401k \$ _____

Stock and Bonds \$ _____ Other \$ _____ = Total must equal borrower Injection \$ _____

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

SCHEDULE B – MARKETABLE SECURITIES

Number of Shares of Bonds	Description	In the Name of	Market Value	Copy of Statement Attached (Required)
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No

SCHEDULE C - NON MARKETABLE SECURITIES

Description of Securities or Business you own	Number of Shares Owned	Financial Statement	Number of Shares Outstanding

SCHEDULE D - REAL ESTATE OWNED

Description of Property	% of Ownership	Title in Name of	Date Acquired	Cost	Market Value	Mortgage Remaining

AUTHORIZATION TO RELEASE CREDIT

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 designee, 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 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 or fax of this authorization shall be valid as the original. To help fight terrorism and money laundering, the information you provide will be verified to allow us to identify you.

Signature _____ Date _____ Social Security# _____ Date of Birth _____

Signature _____ Date _____ Social Security# _____ Date of Birth _____

(EXISTING DEBT IF YOU OWN A BUSINESS NOW and or LIST OTHER DEBT THIS BUSINESS WILL HAVE)

BUSINESS DEBT SCHEDULE

COMPANY NAME: _____ DATE: _____

This schedule should contain loans for contracts and notes payable, not accounts payable or accrued liabilities.

Creditor Names	Original Amount	Original Amount	Present Balance	Interest Rate	Monthly Payment	Maturity Date	Collateral or Security	Current or Delinquent

*TOTAL PRESENT BALANCE: _____

* Total must agree with balance shown on Interim Financial Statement

Borrower: _____

Please Print Name By: _____ Title: _____

PERSONAL INCOME AND EXPENSE ANALYSIS

CAN BE JOINT IF MARRIED

Name _____

<u>INCOME</u>		<u>ANNUAL</u>
PROFIT	(Net Profit From Franchise)	_____
SALARY	(From Franchise)	_____
SALARY / INCOME	(Income From Outside Franchise)	_____
RENTAL INCOME	(Outside Franchise)	_____
INTEREST INCOME	(Outside Franchise)	_____
ALIMONY*	(Outside Franchise)	_____
OTHER INCOME	(Outside Franchise)	_____
TOTAL INCOME		_____

Alimony or child support payments need not be disclosed unless it is desired to have such payments counted toward total income*

EXPENSES	(Personal Only-Not Franchise)	
MORTGAGE EXPENSE	(Principal & Interest)	_____
RENTAL EXPENSE	(If Any)	_____
RESIDENCE EXPENSE	(Cash Expense Less Principal & Interest)	_____
AUTO LOANS	(All)	_____
INSTALLMENT LOANS	(All)	_____
REVOLVING CREDIT	(5% Of all balances)	_____
UTILITIES/PHONE	(Please Estimate)	_____
INSURANCE	(All Personal)	_____
FOOD	(Estimate)	_____
CLOTHING	(Estimate)	_____
MEDICAL EXPENSES	(3 Yr. Average)	_____
INCOME TAXES	(Historical Expenses)	_____
PROPERTY TAXES	(Historical Rate)	_____
ALIMONY	(If Applicable)	_____
CHILD CARE	(If Applicable)	_____
OTHER EXPENSES		_____
MISCELLANEOUS		_____
**Typical Range is 5%-10% Of Total Income)		
TOTAL EXPENSES		_____
NET DISCRETIONARY INCOME	(Total Income Minus Expenses)	_____
COVERAGE RATIO	(Income divided by expense, at least 1.25%)	_____

SIGNATURE _____

DATE _____

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