

FRANCHISE FINANCE

Chad Anderson, *Finance Manager*
92 Pebble Beach Drive,
Little Rock, AR 72212
(501) 228-4047 ext -107
Fax 501-228-0708
chad@Franchise-Finance.com

Tracking # _____
(internal use only)

Reference/Franchisor Contact _____

Please Underline As Appropriate (type in answers, save and email back, Text will auto resize as you fill in blanks)

- Resale
- Start Up
- Conversion

Today's Date _____

APPLICATION PRE SCREEN ONLY 10-1-10

Name _____ Franchise _____

Address _____ City _____ State _____ Zip _____

Work Phone _____ Home Phone _____ Cell Phone _____

E-Mail _____

- Do you own any franchises now? Name _____ How many _____ How long _____
- What is your best guess of your credit score? _____
What do you do now and what business experience do you or spouse have:

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

If yes, where/why/status: _____

PROJECT COST

Franchise Fee _____

Leasehold Improvements (inside) _____

Machinery & Equipment _____

Furniture & Fixtures & Signs _____

Inventory _____

Business Resale Price (if a resale) _____ (how long been open (____) why are they selling it: _____)

Working Capital _____ (how far from where you live?: _____ (need last P/L))

TOTAL PROJECT COST \$ _____

LOAN REQUEST _____ % usually 70-80% \$ _____

Other Notes

