



# Legacy Academy

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 Sugar Hill, Georgia 30518  
 (770) 932-0091  
 Fax (770) 932-3865

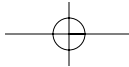
application date:

\_\_\_/\_\_\_/\_\_\_

## Confidential Franchise Evaluation Form

Please answer all of the following questions and print clearly. All information will be kept confidential. This form incurs no obligation of either party.

PERSONAL INFORMATION			
Name		Social Security Number	
Birthdate	Age	Telephone Number	Cell phone or pager
Current Address		City	State
		Zip	How long?
Previous Address		City	State
		Zip	How long?
Spouse's full name		Spouse's occupation	
Spouse's social security number		Names and ages of dependent children	
BUSINESS AND EXPERIENCE RECORD (self)			
Have you been in business for yourself?		Company name	
Name and address of current employer			
Current position, title and duties		Beginning salary	Present salary
May we contact your current employer for a reference			(Phone)
Previous employer		Dates of employment (from/to)	Supervisor's name and title
Previous position, title and duties		Beginning salary	Ending salary
Reason for separation			(Phone)
Previous employer		Dates of employment (from/to)	Supervisor's name and title
Previous position, title and duties		Beginning salary	Ending salary
Reason for separation			(Phone)
BUSINESS AND EXPERIENCE RECORD (spouse)			
Have you been in business for yourself?		Company name	
Name and address of current employer			
Current position, title and duties		Beginning salary	Ending salary
May we contact your current employer for a reference			(Phone)
Previous employer		Dates of employment (from/to)	Supervisor's name and title
Previous position, title and duties		Beginning salary	Ending salary
Reason for separation			(Phone)
Previous employer		Dates of employment (from/to)	Supervisor's name and title
Previous position, title and duties		Beginning salary	Ending salary
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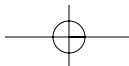


APPLICANT'S FRANCHISE PLANS		
Do you plan to work full time in this business?	Spouse?	
Will the franchise be owned by yourself or a group? Please explain.		
First choice of territories	Second choice	Third choice
Cash available for investment in this business \$		
If additional funds are required for this business, are they available to you? Please explain.		

(SELF)		EDUCATION		(SPOUSE)	
High School	Graduation date	High School	Graduation date	High School	Graduation date
College	Dates attended	College	Dates attended	College	Dates attended
Degree(s)	Major	Degree(s)	Major	Degree(s)	Major
Other (military or special training)			Other (military or special training)		

HEALTH	
Self	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor Any physical limitations?
Spouse	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor Any physical limitations?

REFERENCES				
Please list three character and personal references:				
Name	Address	City, State, Zip	Telephone	
Name	Address	City, State, Zip	Telephone	
Name	Address	City, State, Zip	Telephone	
Please list three credit references:				
Name	Address	City, State, Zip	Telephone	
Name	Address	City, State, Zip	Telephone	
Name	Address	City, State, Zip	Telephone	
Bank references:				
Name	Address	<input type="checkbox"/> checking	<input type="checkbox"/> savings	<input type="checkbox"/> other
Name	Address	<input type="checkbox"/> checking	<input type="checkbox"/> savings	<input type="checkbox"/> other
Name	Address	<input type="checkbox"/> checking	<input type="checkbox"/> savings	<input type="checkbox"/> other



**FINANCIAL DATA**

**Assets**

**Liabilities**

Cash on hand and in banks	\$ _____	Notes payable	\$ _____
Savings Funds/Certificates	\$ _____	Accounts payable	\$ _____
Home Market Value	\$ _____	Mortgage payable (home)	\$ _____
Other real estate (market value)	\$ _____	Mortgage payable (other real estate)	\$ _____
Stocks, Bonds & Securities	\$ _____	Credit cards, etc.	\$ _____
Automobile(s)	\$ _____	Loans against life insurance	\$ _____
Personal Businesses*	\$ _____	Automobile loans	\$ _____
Notes Receivable	\$ _____	Other indebtedness (itemize)	\$ _____
Other assets (itemize)	\$ _____	Other liabilities (itemize)	\$ _____
_____		_____	
_____		_____	
<b>TOTAL ASSETS</b>	<b>\$ _____</b>	<b>TOTAL LIABILITIES</b>	<b>\$ _____</b>

NET WORTH (Total Assets less total liabilities):  \$ _____	Insurance face value	cash value
	_____	_____

\*Please describe personal businesses listed above (if any) \_\_\_\_\_  
\_\_\_\_\_

**ANNUAL SOURCE OF INCOME**

**Applicant:**

**Spouse:**

Salary	\$ _____
Bonus and Commissions	\$ _____
Dividends & Interest	\$ _____
Real Estate Income	\$ _____

Salary	\$ _____
Bonus and Commissions	\$ _____
Dividends & Interest	\$ _____
Real Estate Income	\$ _____

**Gross Income:**

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For Previous Year	\$ _____
Other (itemize)	\$ _____

For Previous Year	\$ _____
Other (itemize)	\$ _____

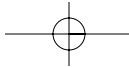
Total: \$ \_\_\_\_\_

Total: \$ \_\_\_\_\_

**Total Income (Applicant plus spouse):** \$ \_\_\_\_\_

CONTINGENCIES: Do you have any contingent liabilities? \_\_\_\_\_ If so, please itemize: \_\_\_\_\_

Are you a defendant in any suits or legal actions? \_\_\_\_\_ Have you ever filed for bankruptcy? \_\_\_\_\_



**SUPPLEMENTARY SCHEDULES**

**Banking Relations (A list of all bank accounts, including savings and loans)**

Name and location of bank	Cash balance	Amount of loan	Maturity of loan	How endorsed, guaranteed or secured

**Accounts, loans and notes receivable (a list of the largest amounts owing to me)**

Name and address of debtor	\$ owing	Age of debt	Description of debt	Description of security held	Date payment expected

**Retirement accounts (IRAs, SEPS, 401Ks, etc.)**

Type of Account	Description of security	Registered in name of	Present market value

**Stocks and bonds**

Face Value (Bonds) # shares of (Stocks)	Description of Security	Registered in name of	Cost	Present value	Income last year	To whom pledged

**Real estate (solely in the name of the undersigned, except as follows:)**

Description or street #	Dimensions or acres	Improvements	Mortgages/liens	Due date	Payments	Assessed value	Mkt value	Unpaid taxes	
								Year	Amt.

In submitting this application and statement the undersigned guarantees its accuracy with the intent that it be relied upon in granting a franchise and extending credit to the undersigned and warrants that he/she has not knowingly withheld any information that might affect his/her credit risk and the undersigned expressly agrees to notify Franchisor immediately in writing of any material change in his/her financial condition whether application or further credit is made or not and in the absence of such written notice, it is expressly agreed that Franchisor in granting franchise or credit may rely on this statement as having the same force and effect as if delivered upon the date additional credit is requested is extended or continued. An updated credit report will be required prior to the granting of a franchise.

The undersigned certifies that each part of this application and financial statements hereof and the information inserted herein has been carefully read and is true and correct. This does not constitute an offer, nor a UFOC.

Signed: \_\_\_\_\_ date: \_\_\_\_\_ Signed: \_\_\_\_\_ date: \_\_\_\_\_

