

References

Personal	Address	Phone	Years Known
1			
2			
3			

1. Location Preferences:

1st Choice: _____ 2nd Choice: _____ 3rd Choice: _____
City/State City/State City/State

2. How did you learn of Sub Station II? _____

3. Do you currently own another franchise? _____

If so, name: _____ location _____

State Employer or Sales Tax Number: _____

4. Do you have any previous restaurant experience? _____

If so, what type? _____

5. Have you ever been bankrupt or reorganized due to insolvency either as an individual or principal officer of any corporation or partner of any partnership adjudged bankrupt or reorganized due to insolvency? _____

If so, what business _____ location _____

6. Are you currently a party to any pending legal action? _____

If so, please explain _____

7. What do you feel will be your most important contribution to your business? _____

8. Do you have other income and what is the source? _____

9. When will you be available to open the business? _____

10. Do you plan to devote full time to this business? _____

If not, what percentage of time? _____

11. Do you plan to employ a full-time manager? _____

12. Do you have investor-associates in this venture? _____

	name	address	% ownership	% time
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a. _____

b. _____

c. _____

13. How will you finance this investment? _____

cash _____ loan _____ collateral _____

14. How much of the franchise investment will come from your own capital? _____

Bank and Credit References	Address	Phone	Years Known
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1.

2. _____

3. _____

Confidential Credit Application

Name _____

I make the following statement of all my assets and liabilities of the _____ day of _____, _____.

ASSETS	(Omit Cents)	LIABILITIES	(Omit Cents)
CASH IN FOLLOWING BANKS (Itemize, List Separately)		NOTES PAYABLE TO BANKS (Itemize, List Separately)	
		1. Due To: _____	
		Collateral _____	
		2. Due To: _____	
		Collateral _____	
NOTES DUE TO ME (Totals only - List Separately)		3. Due To: _____	
Secured by Real Estate _____		Collateral _____	
Secured by Other Collateral _____		OTHER NOTES PAYABLE - SECURED	
Unsecured (Collectible) _____		1. Due To: _____	
OTHER AMOUNTS OWED TO ME		Collateral _____	
Prof. Accounts Receivable _____		2. Due To: _____	
Other Collectible Amounts _____		Collateral _____	
STOCKS AND BONDS (Totals only - List Separately)		OTHER NOTES PAYABLE - UNSECURED	
Marketable Stocks _____		Due To: _____	
Other Stocks _____		Due To: _____	
Savings Bonds _____		TAXES OWING: Income: _____	
Other US Gov. Obligations _____		Other Taxes: _____	
Other Bonds _____		LIFE INSURANCE POLICY LOANS	
CASH SURRENDER OF LIFE INS.		DUE ON AUTOS _____	
AUTOMOBILES _____		OWED ON REAL ESTATE	Lien Holder
		Due on Homestead	
REAL ESTATE (Totals Only - List Separately)		Due on Residential	
Homestead _____		Due on Commercial	
Other Residential _____		Due on Rural	
Commercial _____			
Rural _____			
OTHER ASSETS (Describe)		OTHER LIABILITIES (Describe)	
		Personal Bills _____	

TOTAL ASSETS		TOTAL LIABILITIES	
		NET WORTH (Total Assets Minus Total Liabilities)	
		TOTAL LIABILITIES AND NET WORTH	

ANNUAL SOURCE OF INCOME		CONTINGENT LIABILITIES	
Salary and/or Fees	\$	Guarantor Obligations	\$
Bonus and Commissions	\$	Legal Claims	\$
Dividends and Interest	\$	Endorser or Co-Maker Obligations	\$
Real Estate Income	\$	Leases or Contracts	\$
Business, Profession or Royalty Income	\$	Liens or Special Debt	\$
Other Income (Itemize)	\$	Provision for Federal or Other Taxes	\$
		Other Liabilities (Alimony, Child Support, Maintenance, etc.) (Itemize)	\$
Total	\$	Total	\$

I certify that the above is the true and current financial condition of the undersigned.

Signature _____
Date _____

NOTES PAYABLE

Maker	Original Amount	Present Balance	Maturity and/or Payment Schedule	Collateral, If Any

NOTES RECEIVABLE

Maker	Original Amount	Present Balance	Maturity and/or Payment Schedule	Collateral, If Any

STOCKS AND BONDS

# of Shares	Name of Issuer	Where Traded	Par Value	Market Per Share	Total Value	Pledged Yes or No	Registered in Name of

LIFE INSURANCE

Company	Policy Number	Face Amount	Cash Surrender or Loan Value	Policy Loan (if any)	Beneficiary

REAL ESTATE

Location and Description	Present Value	Monthly Income	Title in Name Of	Original Amount	Present Balance	Payment Schedule

CASH

C - Checking S - Savings CD - Certificate of Deposit O - Other

Name and Location of Bank	Telephone Number	Bank Officer	Type of Account				Account Number	Amount in Bank
			C	S	CD	O		

I certify that the above information supplied by me is true and correct. I authorize release of any information deemed necessary to verify any and all of the above information. I hold **SUB STATION II, INC.**, harmless for any damages arising from the verification of the information contained herein.

Signature: _____

Date: _____

Please have a representative call me at:

Home: _____ Work: _____

A good time to call is: _____
Date/Time