## **GETTING STARTED:** Confidential Qualification Report

NAME					_			
ADDRESS STREET								
CITY	STATE	ZIP <b>HOW</b>	/ LONG AT THIS RESIDENCE?		- Precision			
	ESS THAN 5 YEARS STREET							
		710			'Auto Care'			
CITY	STATE	ZIP						
HOME PHONE	WORK PHONE	FAX		E-MAIL				
SOCIAL SECURITY #/ ID	# DRIVER	'S LICENSE #						
DATE OF BIRTH	MARITAL STATUS	SPOUSE'S NA	ME	N	NO. OF DEPENDENTS			
Please comple qualification qu	r the presentation of personate this in detail by each perickly. The completion of this reprospective franchisee.	erson owning 5% (	or more of the franchis	se. as it will	enable us to begin			
		EMPLOYMEN <sup>T</sup>	T HISTORY					
NAME			CITY	STATE/COL	JNTRY			
PHONE	FROM	то	POSITION					
		OTHER INV	ESTORS					
1. INDIVIDUAL	NDIVIDUAL ADDRESS		% OWNERSHIP	% TIME	SOCIAL SECURITY #			
2. INDIVIDUAL	ADDRESS		% OWNERSHIP	% TIME	SOCIAL SECURITY#			
		GENERAL ED						
		LEASE GINGLE HIGHEST	LLVLL COMPLETED.					
1-12			ADDITIONAL DEGREES (PLEASE STATE AND GIVE DETAILS)					
	_	PERSONAL INF						
	ОТН	ER BUSINESS VENTURES	WITHIN LAST 10 YEARS					
1. HAVE YOU EVER OW	NED A FRANCHISE? ☐ YES ☐ NO	NAME OF FRANCHIS	E?					
2. ARE YOU EXPLORING OTHER FRANCHISE OPPORTUNITIES? YES NO WHICH ONES?								
3. WOULD YOU EXPECT	TO DEVOTE FULL TIME TO THE BU	SINESS? YES NO	IF NOT, WHAT % OF TIME	:?				
3. WOULD YOU EXPECT TO DEVOTE FULL TIME TO THE BUSINESS? ☐ YES ☐ NO IF NOT, WHAT % OF TIME?								
5 DO YOU REGARD A P	PRECISION TUNE AUTO CARE® FRAN	ICHISE AS AN DINVES	STMENT   CAREER   SPE	ECUI ATION				
	Y A FULL TIME MANAGER?	_	Julient Goanteen Gore	LOOLATION				
	ED WHEN WOULD YOU BE ABLE TO		?					
	YOU ARE INTERESTED:							
	PROCEEDINGS EVER BEEN INSTITU							
	HAVE YOU EVER BEEN A PARTY TO							
	PLAIN.							
	DNVICTED OF A CRIME OTHER THAN							
	PLAIN.							
,	***							

PERSONAL CREDIT REFERENCES										
	YOUR PERSONAL BANK	CONTACT		PHONE						
ADDRESS			ACCOUNT NO.	FAX						
YOUR PERSONAL BANK		CONTACT		PHONE						
	ADDRESS	ACCOUNT NO.		FAX						
	MAJOR CREDIT REFERENCES  (Attach additional schedules when needed)									
		(Attach additional St	chedules when heeded							
	CREDITOR'S NAME AND ADDRESS	DATE OPENE	D HIGH BALANCE	MONTHLY PAYMENT	CURRENT BALANCE					
l	CREDITOR'S NAME AND ADDRESS	DATE OPENE	D HIGH BALANCE	MONTHLY PAYMENT	CURRENT BALANCE					
PERSONAL/FINANCIAL STATEMENT										
	(Attach Business Financial)									
	PLEASE DO NOT	LEAVE ANY QUESTIONS UNAN	SWERED. USE "NO" OR "YES" V	VHERE NECESSARY.	CONFIDENTIAL					
	ASSETS	IN EVEN DOLLARS	LIABILITIES		UPAID BALANCES IN EVEN DOLLARS					
	CASH ON HAND IN BANKS	\$	NOTE PAYABLE TO BANKS -	SECURED	\$					
	MARKETABLE SECURITIES	\$	NOTE PAYABLE TO BANKS -	UNSECURED	\$					
	ACCOUNTS AND NOTES RECEIVABLE	\$	NOTE PAYABLE TO OTHERS	- SECURED	\$					
	NON-MARKETABLE SECURITIES	\$	ACCOUNTS AND BILLS DUE		\$					
	REAL ESTATE OWNED (MARKET VALUE)	\$	REAL ESTATE MORTGAGES	PAYABLE	\$					
	AUTOMOBILES	\$	UNPAID INCOME TAX		\$					
	YR MAKE	VALUE \$	OTHER LIABILITIES		\$					
	YR MAKE	VALUE \$	TOTAL LIABILITIES		\$					
	OTHER ASSETS	\$	NET WORTH (ASSETS MINUS	S LIABILITIES)	\$					
	TOTAL ASSETS*	\$	TOTAL LIABILITIES AND NET	WORTH*	\$					
*These two numbers should be equal.										
	ANNUAL SOURCES OF IN	COME	COL	NTINGENT LIABILITIES						
SALARY		\$	DO YOU HAVE ANY CONTINGENT LIABILITIES?							
	BONUS AND COMMISSIONS	\$	IF YES, GIVE DETAILS.		_					
	OTHER	<b>\$</b>								
	TOTAL	\$								
'										
APPLICANT: STATEMENT OF CERTIFICATION										
I certify that the information contained in this application is true and complete. You are authorized to make an investigative report including obtaining a credit report or any inquiries that you deem necessary to verify the accuracy of this information and to determine my credit worthiness and general reputation, whether in connection with this application or at any time in the future in connection with any ongoing business relationship. All information will be kept confidential, provided, however, that I understand and agree that any information which I provide or which you obtain independently through your investigation will be shared with the Precision Tune Auto Care Area Developer(s) you believe need access to this information.										
Submitted this		day of _								
	Printed Name:									





Signature of Applicant:\_

Precision Franchising LLC Attn: Franchise Development PO Box 5000 Leesburg, VA 20177 PH: 800-438-8863 FX: 703-771-7108

Precision Franchising LLC Rev. 7/19/06