

GETTING STARTED: Confidential Qualification Report



NAME _____
ADDRESS STREET _____
CITY STATE ZIP HOW LONG AT THIS RESIDENCE? _____
PREVIOUS ADDRESS IF LESS THAN 5 YEARS STREET _____
CITY STATE ZIP _____
HOME PHONE WORK PHONE FAX E-MAIL _____
SOCIAL SECURITY # / ID # DRIVER'S LICENSE # _____
DATE OF BIRTH MARITAL STATUS SPOUSE'S NAME NO. OF DEPENDENTS _____

This form is for the presentation of personal information for the confidential use of our Executive Review Committee. Please complete this in detail by each person owning 5% or more of the franchise, as it will enable us to begin qualification quickly. The completion of this report places no continuing obligation on either Precision Franchising LLC or its agents or the prospective franchisee.

EMPLOYMENT HISTORY

NAME CITY STATE/COUNTRY _____
PHONE FROM TO POSITION _____

OTHER INVESTORS

1. INDIVIDUAL ADDRESS % OWNERSHIP % TIME SOCIAL SECURITY # _____
2. INDIVIDUAL ADDRESS % OWNERSHIP % TIME SOCIAL SECURITY # _____

GENERAL EDUCATION

PLEASE CIRCLE HIGHEST LEVEL COMPLETED.

1-12
GRADES

1 2 3 4
COLLEGE

ADDITIONAL DEGREES (PLEASE STATE AND GIVE DETAILS)

PERSONAL INFORMATION

OTHER BUSINESS VENTURES WITHIN LAST 10 YEARS

- HAVE YOU EVER OWNED A FRANCHISE? YES NO NAME OF FRANCHISE? _____
- ARE YOU EXPLORING OTHER FRANCHISE OPPORTUNITIES? YES NO WHICH ONES? _____
- WOULD YOU EXPECT TO DEVOTE FULL TIME TO THE BUSINESS? YES NO IF NOT, WHAT % OF TIME? _____
- DO YOU HAVE OR CAN YOU OBTAIN THE NECESSARY CASH FUNDS TO INVEST IN THIS BUSINESS? EXPLAIN IN DETAIL. _____
- DO YOU REGARD A PRECISION TUNE AUTO CARE® FRANCHISE AS AN INVESTMENT CAREER SPECULATION
- WOULD YOU EMPLOY A FULL TIME MANAGER? YES NO
- IF YOU ARE SELECTED WHEN WOULD YOU BE ABLE TO START THIS VENTURE? _____
- TERRITORY IN WHICH YOU ARE INTERESTED: _____
- HAVE BANKRUPTCY PROCEEDINGS EVER BEEN INSTITUTED BY OR AGAINST YOU? YES NO
- ARE YOU NOW OR HAVE YOU EVER BEEN A PARTY TO ANY SUITS OR CIVIL ACTIONS? YES NO
- IF YES, PLEASE EXPLAIN. _____
- HAVE YOU BEEN CONVICTED OF A CRIME OTHER THAN MINOR TRAFFIC OFFENSES? YES NO
IF YES, PLEASE EXPLAIN. _____

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)

CREDITOR'S NAME AND ADDRESS	DATE OPENED	HIGH BALANCE	MONTHLY PAYMENT	CURRENT BALANCE
CREDITOR'S NAME AND ADDRESS	DATE OPENED	HIGH BALANCE	MONTHLY PAYMENT	CURRENT BALANCE

PERSONAL/FINANCIAL STATEMENT

(Attach Business Financial)

PLEASE DO NOT LEAVE ANY QUESTIONS UNANSWERED. USE "NO" OR "YES" WHERE NECESSARY.

ASSETS	IN EVEN DOLLARS	LIABILITIES	CONFIDENTIAL 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 LIABILITIES)	\$
TOTAL ASSETS*	\$	TOTAL LIABILITIES AND NET WORTH*	\$

*These two numbers should be equal.

ANNUAL SOURCES OF INCOME	CONTINGENT LIABILITIES
SALARY \$	DO YOU HAVE ANY CONTINGENT LIABILITIES? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, GIVE DETAILS.
BONUS AND COMMISSIONS \$	
OTHER \$	
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) and/or Precision Tune Auto Care Franchisees you believe need access to this information.

Submitted this _____ day of _____ 20 _____

Printed Name: _____

Signature of Applicant: _____

RETURN TO:
 Precision Franchising LLC
 Attn: Franchise Development
 PO Box 203
 Ashburn, VA 20146
 PH: 866.944.8863
 FX: 703-771-7108

