

Continuous Care Solutions

1-817-589-7100 Fax 1-817-589-7100

Confidential Personal Statement and Franchise Application

This application does not commit you to buy a franchise. It merely gives both you and us a starting point to determine if our Franchise is right for you. Please fill out clearly and completely, and fax back to **Continuous Care Solutions**.

I understand that the information I am receiving from Continuous Care Solutions or from any Continuous Care Solutions employee, agent, or franchisee is highly confidential and is being made available to me because of this application, and I will hold it in the strictest confidence.

We will immediately send you our Franchise Offering Circular with full details.

Personal Information

Name: _____

Age: _____

Marital Status: Married Single Spouse's name: _____

No. of Children: _____ Ages: _____

Residence address:

Street: _____

Telephone: () _____

City: _____ State: _____ Zip: _____ Country: _____

Present Occupation: _____

Position: _____ How Long: _____

Business address:

Street: _____

Telephone: () _____

City: _____ State: _____ Zip: _____ Country: _____

Education

Circle last school year completed: College: 1 2 3 4 High School: 1 2 3 4

Describe any training in sales, management, retailing or other business: _____

Describe any experience which would help you to own a business: _____

Personal Reference (Friends, Neighbors, Business Associates)

	Name (In full)	Address	Occupation	Yrs. Known
1.				
2.				
3.				

4.				
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Credit Reference (Company)

	Address	Account No.	Telephone
1.			
2.			
3.			
4.			
5.			

What area are you interested in? (City/State)

1st choice: _____

2nd choice: _____

3rd choice: _____

Are you considering a partner? Yes No

If so, who: _____

Total capital available to invest in a business: _____

Have you ever been involved in bankruptcy? Yes No

If yes, explain: _____

Are you currently involved in any lawsuits or legal actions? Yes No

If yes, explain: _____

How did you learn of this franchise program? _____

Assets	Amount	Liabilities	Amount
Cash on hand or in banks	\$	Notes Payable to Bank	\$
U.S. Government Securities	\$	Notes Payable to others, unsecured	\$
Amounts and Loans Receivable	\$	Loans against life insurance	\$
Notes Receivable, not discounted	\$	Accounts Payable	\$
Life insurance, Cash Surrender Value	\$	Interest Payable	\$
Stocks, Bonds, Money Market	\$	Taxes and Assessments	\$
Real Estate	\$	Mortgages Payable on Real	\$

			Estate	
Automobiles	\$		Brokers margin accounts	\$
Other Assets (Itemize):			Other Liabilities (Itemize):	
	\$			\$
	\$			\$
	\$		Total Liabilities	\$
	\$		Net Worth (Total Assets - Total Liabilities)	\$
Total Assets	\$		Total Liabilities + Net Worth	\$

Annual Income	Amount		Annual Expenditures (Exclude ordinary living expenses)	Amount
Salary (Exclude bonus)	\$		Mortgage	\$
Spouse's Salary (Exclude bonus)	\$		Real Estate payment(s)	\$
Securities Income	\$		Rent	\$
Rentals	\$		Income Taxes	\$
			Insurance Premiums	\$
Others:			Other (Include installment payments and other real estate)	
1. Commission & Bonuses	\$		1.	\$
2.	\$		2.	\$
3.	\$		3.	\$
4.	\$		4.	\$
Total	\$		Total	\$

The signature below authorizes the release and verification of credit information to 817-583-7100.

Signed: _____

Dated: _____

Print Name: _____

Social Security #: _____