

LADY BUG FRANCHISE CORPORATION
CONFIDENTIAL APPLICATION

This application must be fully completed in order to be accepted for consideration.

Please print or type

Date ____/____/____

GENERAL INFORMATION

PRINCIPAL APPLICANT'S NAME _____

DATE OF BIRTH _____ SOCIAL SECURITY NUMBER _____

RESIDENCE ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME PHONE (____) _____ BEST TIME TO REACH _____

HOW LONG AT PRESENT ADDRESS _____ OWN? _____ RENT? _____

PREVIOUS ADDRESSES (List for 10 years)

CURRENT EMPLOYER _____

POSITION _____ NATURE OF DUTIES _____

EMPLOYER'S ADDRESS _____

MAY WE CONTACT YOU AT WORK? _____ BUSINESS PHONE (____) _____

BEST TIME TO REACH _____

EDUCATION

HIGH SCHOOL _____ COLLEGE _____ DEGREE IN _____

HOBBIES AND INTERESTS _____

ATTACH RESUME IF AVAILABLE

SPOUSE

IF HUSBAND/WIFE TEAM, IN WHAT POSITION AND CAPACITY WILL SPOUSE BE INVOLVED?

SPOUSE'S NAME _____ SPOUSE'S DATE OF BIRTH _____

SPOUSE'S SOCIAL SECURITY NUMBER _____

SPOUSE'S RESIDENCE ADDRESS _____

SPOUSE'S HOME PHONE (____) _____ BEST TIME TO REACH _____

SPOUSE'S CURRENT EMPLOYER _____

POSITION _____ NATURE OF DUTIES _____

EMPLOYER'S ADDRESS _____

MAY WE CONTACT YOU AT WORK? _____ BUSINESS PHONE (____) _____

BEST TIME TO REACH _____

EDUCATION - SPOUSE

HIGH SCHOOL _____ COLLEGE _____ DEGREE IN _____

HOBBIES AND INTERESTS _____

ATTACH RESUME IF AVAILABLE

GENERAL HEALTH

PRINCIPAL APPLICANT: GOOD _____ FAIR _____ POOR _____

BACK PROBLEMS? _____ VISION PROBLEMS? _____

SPOUSE: GOOD _____ FAIR _____ POOR _____

BACK PROBLEMS? _____ VISION PROBLEMS? _____

DEPENDENTS

NAMES AND AGES OF CHILDREN _____

OTHER DEPENDENTS? _____ RELATIONSHIPS AND AGES _____

WILL YOU HAVE A PARTNER OR OTHER PARTNERS OTHER THAN YOUR SPOUSE? _____

IF YES, WHAT WILL BE THEIR INVOLVEMENT? _____

PLEASE HAVE THEM FILL OUT A SEPARATE APPLICATION.

BACKGROUND

HAVE YOU OR YOUR SPOUSE BEEN CONVICTED OF ANY FELONY CHARGES? _____

DO YOU OR YOUR SPOUSE HAVE ANY FELONY CHARGES PENDING, BEING APPEALED, OR ARE YOU UNDER INDICTMENT? _____

FINANCIAL INFORMATION

PRESENT ANNUAL INCOME _____

SPOUSE'S PRESENT ANNUAL INCOME _____

INTEREST AND DIVIDEND _____

OTHER INCOME _____

TOTAL INCOME _____

ATTACH PREPARED FINANCIAL STATEMENT, IF AVAILABLE

YOUR BANK _____

BANK PHONE (____) _____ BANK OFFICER _____

CHECKING ACCOUNT NO. _____ SAVINGS ACCOUNT NO. _____

DO YOU OWN YOUR OWN HOME? _____ DO YOU OWN YOUR OWN BUSINESS? _____

HAVE YOU EVER FILED FOR PERSONAL OR BUSINESS BANKRUPTCY? _____

HAVE YOU EVER HAD ANYTHING REPOSSESSED? _____

HOW DO YOU PLAN TO PAY FOR THE INITIAL FRANCHISE FEE? _____

WHAT IS YOUR CUSTOMARY EARNINGS LEVEL? _____ SPOUSE'S? _____

ESTIMATED MINIMUM INCOME REQUIRED FOR CURRENT LIVING EXPENSES? _____

ASSETS

CASH IN CHECKING _____

CASH IN SAVINGS _____

REAL ESTATE (HOME) _____

OTHER REAL ESTATE _____

Describe: _____

CASH SURRENDER VALUE OF LIFE INS. _____

STOCKS AND BONDS _____

AUTOMOBILES _____

YOUR OWN BUSINESS _____

APPRAISED COLLECTIBLES _____

Describe: _____

MONEY DUE YOU _____

OTHER ASSETS _____

Describe: _____

TOTAL ASSETS \$ _____

LESS TOTAL LIABILITIES \$ _____

NET WORTH \$ _____

LIABILITIES

NOTES PAYABLE TO BANKS _____

NOTES PAYABLE TO OTHERS _____

REAL ESTATE DEBT _____

OTHER REAL ESTATE DEBT _____

OWING ON LIFE INSURANCE _____

TAXES PAYABLE _____

AUTOMOBILE DEBT _____

OTHER LIABILITIES _____

Describe: _____

EXACT AMOUNT OF CAPITAL YOU HAVE FOR THIS FRANCHISE \$ _____

IF THE REQUIRED AMOUNT IS NOT AVAILABLE, HOW WOULD THE INVESTMENT BE OBTAINED? PLEASE EXPLAIN IN DETAIL. _____

HAVE YOU EVER BEEN A PRINCIPAL OWNER OF A BUSINESS BEFORE? _____

IF YES, BRIEFLY EXPLAIN. _____

HAVE YOU EVER BEEN GRANTED A FRANCHISE OR LICENSE BEFORE? _____

IF YES, BRIEFLY EXPLAIN. _____

LEGAL FORMAT

() SOLE PROPRIETOR NAME _____

() CORPORATION NAME _____

() PARTNERSHIP NAME _____

() OTHER EXPLAIN _____

LOCATION

DO YOU HAVE A LOCATION IN MIND ALREADY? _____

IF SO, IN WHAT CITY AND, IF KNOWN, WITH ZIP CODE? _____

REFERENCES

I HEREBY AUTHORIZE **LADY BUG FRANCHISE CORPORATION** TO CONTACT THE FOLLOWING REFERENCES AND OTHER SOURCES FOR INFORMATION ABOUT ME. I RELEASE **LADY BUG FRANCHISE CORPORATION**, ITS AFFILIATES, AGENTS AND EMPLOYEES FROM ANY LIABILITY ARISING EITHER FROM THE RECEIPT OR USE OF ANY INFORMATION OBTAINED THROUGH THESE SOURCES.

SIGNATURE _____ DATE _____

CREDIT REFERENCES

BUSINESS REFERENCES

- 1. NAME _____
ADDRESS _____
CITY, STATE & ZIP _____
PHONE _____
- 2. NAME _____
ADDRESS _____
CITY, STATE & ZIP _____
PHONE _____
- 3. NAME _____
ADDRESS _____
CITY, STATE & ZIP _____
PHONE _____

PERSONAL REFERENCES

- 1. NAME _____
ADDRESS _____
CITY, STATE & ZIP _____
PHONE _____
- 2. NAME _____
ADDRESS _____
CITY, STATE & ZIP _____
PHONE _____
- 3. NAME _____
ADDRESS _____
CITY, STATE & ZIP _____
PHONE _____

SUCCESS INDICATORS

- DO YOU ENJOY AND GET ALONG WELL WITH PEOPLE? _____
- DO YOU HAVE A BACKGROUND IN SALES? _____
- CAN YOU FEEL COMFORTABLE IN PRESENTING A SERVICE IN WHICH YOU BELIEVE? _____
- ARE YOU A SELF MOTIVATOR? _____
- WILL YOU BE WILLING TO SHARE SOME OF YOUR BUSINESS EXPERIENCES OF YOUR FRANCHISE WITH OTHER LADY BUG FRANCHISEES? _____
- ARE YOU WILLING TO FOLLOW A PLAN TO MAKE YOUR BUSINESS SUCCESSFUL? _____
- IF WE WERE TO GO AHEAD, WHAT WOULD BE YOUR SCHEDULE FOR STARTING? _____
- WHY DO YOU THINK YOU WOULD ENJOY AND DO WELL IN THIS BUSINESS? _____

APPLICATION STATEMENT

IT IS UNDERSTOOD THAT THE PURPOSE OF THIS APPLICATION IS FOR INFORMATION ONLY, AND IS NO WAY BINDING UPON EITHER **LADY BUG FRANCHISE CORPORATION** OR THE APPLICANT. THE INFORMATION I HAVE SUBMITTED WITHIN THIS APPLICATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

SIGNATURE _____ DATE _____

and witnessed before the Uniform Franchise Offering Circular will be sent. Completion of this request, however, does not guarantee that the Uniform Franchise Offering Circular will be sent.

Mail To: LADY BUG FRANCHISE CORPORATION
2031 North Nevada Circle
Mesa, Arizona 85203