



Confidential Request for Consideration

To protect your investment, Nexus Franchise, LLC evaluates all prospects. Please complete all sections of this form and return it immediately by fax to **401-352-5852** or scan and email to Franchise@NexusPropertyManagement.com. Your information will be held in the strictest of confidence and neither party will be under any obligation. This is NOT a contract. Please print or type your responses. *Thank You*

PERSONAL INFORMATION

NAME: LAST FIRST MIDDLE

ADDRESS: STREET CITY STATE ZIP CODE

() () ()
RESIDENCE TELEPHONE CELL TELEPHONE FAX NUMBER

WHEN IS MOST CONVENIENT TIME TO CALL EMAIL ADDRESS

/ / YES NO
DATE OF BIRTH (Month /Day/ Year) U.S. CITIZEN IF NOT WHAT COUNTRY

MARITAL STATUS _____

SPOUSES NAME: LAST FIRST MIDDLE

/ / YES NO
SPOUSE DATE OF BIRTH (Month /Day/ Year) U.S. CITIZEN IF NO WHAT COUNTRY

SPOUSE PRESENT EMPLOYER SPOUSE OCCUPATION & TITLE

NAMES AND AGES OF CHILDREN

EDUCATION

CIRCLE HIGHEST GRADE COMPLETED:

HIGH SCHOOL 1 2 3 4 COLLEGE 1 2 3 4

LIST NAME(S) OF COLLEGES/UNIVERSITIES ATTENDED AND DATES ATTENDED

LIST DEGREE(S) OTHER EDUCATION COMPLETED & DATES

BUSINESS HISTORY

PRESENT EMPLOYMENT

COMPANY _____ ADDRESS _____ CITY _____ STATE _____ TELEPHONE NUMBER _____ ()

START DATE OF EMPLOYMENT _____ JOB TITLE _____

BRIEF DESCRIPTION OF RESPONSIBILITIES _____

CURRENT SUPERVISOR _____ YES _____ NO _____
MAY WE CONTACT _____

PRIOR EMPLOYMENT

COMPANY _____ ADDRESS _____ CITY _____ STATE _____ TELEPHONE NUMBER _____ ()

START DATE _____ DEPARTURE DATE _____ REASON FOR LEAVING _____

JOB TITLE _____ DEPARTING ANNUAL SALARY _____ OTHER INCOME (BONUS) _____

BRIEF DESCRIPTION OF RESPONSIBILITIES _____

PRIOR SUPERVISOR _____ YES _____ NO _____
MAY WE CONTACT _____

DO YOU OR HAVE YOU EVER OWNED ANY TYPE OF BUSINESS NOT LISTED ABOVE _____ IF SO WHAT _____

WHAT IS YOUR STRONGEST BUSINESS APTITUDE: ___CUSTOMER SERVICE ___MARKETING ___ACCOUNTING

WHAT DID YOU LIKE MOST ABOUT YOUR JOB OR BUSINESS _____

WHAT WAS LEAST DESIREABLE ABOUT YOUR JOB OR BUSINESS _____

WHAT IS YOUR GREATEST ACHIEVEMENT _____

YOUR STRENGTHS ARE: _____

YOUR WEAKNESSES ARE: _____

INTERESTS & HOBBIES

HOBBIES, SPORTS & RECREATIONAL INTERESTS _____

CHARITIES OR ORGANIZATIONS YOU BELONG TO _____

FINANCIALDO YOU OWN OR RENT YOUR HOME OWN RENT

MONTHLY MORTGAGE OR RENT \$ _____ MORTGAGE/RENT PAYABLE TO _____

YEARS LIVED AT PRESENT ADDRESS _____ YEARS LIVED IN PRESENT CITY _____

HOW MANY AUTOMOBILES DO YOU OWN _____ WHAT ARE THEY _____

AMOUNT OF CASH YOU INTEND TO INVEST INTO YOUR BUSINESS \$ _____ METHOD OF FINANCING _____

DO YOU HAVE A FINANCING SOURCE? YES NO WHAT IS YOUR FINANCING SOURCE _____**ASSETS**

Cash on Hand & in Banks \$ _____

US Government Securities \$ _____

Listed Securities & Current Market Value \$ _____

Unlisted Securities \$ _____

Owned Automobiles & Personal Property \$ _____

Cash Value Life Insurance \$ _____

Retirement Plans & IRA's \$ _____

Real Estate Owned \$ _____

Other Assets \$ _____

TOTAL ASSETS \$ _____

LIABILITIES

Notes Payable to Bank \$ _____

Unpaid Income Tax \$ _____

Real Estate Mortgages Payable \$ _____

Mortgages & Other Liens Payable \$ _____

Other Debts Itemized \$ _____

Notes Payable \$ _____

Total Credit Card Debt \$ _____

Other Liabilities \$ _____

TOTAL LIABILITIES \$ _____

NET WORTH \$ _____

INCOME – SELF

Current Annual Salary \$ _____

Bonus Income \$ _____

Other Income \$ _____

TOTAL INCOME \$ _____

INCOME – SPOUSE

Current Annual Salary \$ _____

Bonus Income \$ _____

Other Income \$ _____

TOTAL INCOME \$ _____

GENERAL

DO YOU PLAN TO OPERATE THE BUSINESS YOURSELF YES NO IF NOT, WHO WILL _____

DO YOU INTEND TO HAVE A PARTNER YES NO IF YES, WHO _____

DO YOU AND/OR YOUR PARTNER HAVE A RESIDENTIAL REAL ESTATE BROKERS LICENSE? PLEASE EXPLAIN WHO HAS THE LICENSE:

DO YOU HAVE A PREFERENCE AS TO THE AREA OR CITY WHERE YOU WOULD LIKE TO HAVE YOUR BUSINESS LOCATED, IF SO
WHERE: _____

PLEASE LIST IN ORDER THE AREAS OF PREFERENCE:

1. CITY _____ STATE _____ COUNTY _____

2. CITY _____ STATE _____ COUNTY _____

3. CITY _____ STATE _____ COUNTY _____

4. CITY _____ STATE _____ COUNTY _____

WHY DO YOU WISH TO PURCHASE A FRANCHISE RATHER THAN BECOMING SOMEONE'S EMPLOYEE OR STARTING YOUR OWN
BUSINESS _____

IF YOUR APPLICATION IS APPROVED, WHEN WOULD YOU WANT TO OPEN YOUR BUSINESS _____

HOW DID YOU HEAR ABOUT US _____

WHAT PROFESSIONAL GOALS HAVE YOU SET FOR YOUR FUTURE _____

Applicant: Please Read & Sign

It is understood that the purpose of this questionnaire is for information only and is in no way binding upon Nexus Franchise, LLC or the applicant. It is, however, understood that the applicant supplies this information contained herein to the best of his or her knowledge and ability and that Nexus Franchise, LLC relies on this fact in assessing the desirability and qualifications of the applicant. This application may require Nexus Franchise, LLC to complete credit and other background checks on all applicants.

Signature

Date

Print Your Name

THIS IS NOT A CONTRACT