



# Franchise Application Form

Please complete this form OR attach a Balance Sheet & Income Statement  
 Answer all questions using "no" or "none" where necessary. Please begin by completing schedules on reverse side if necessary. In the electronic version, please use Alt + Return to begin a new line in a cell.

<b>Personal Information</b>			Date of Statement
Name (first, middle, last)	Phone number	Email address	Social security number
Home address (include apt.)	City, State, Zip		How long
Business/Employer	Title/Position		How long
Business Address	City, State, Zip		Phone number ( )
Do you have any dependents? If yes, list ages:	Do you have a will? If yes, name executor:		
Have you ever taken bankruptcy? If yes, explain:	Are you a defendant in any suits or legal actions?		

If joint statement, list names of individuals whose assets, liabilities and income are included

Assets		Liabilities	
Cash, on hand and unrestricted in banks From below	\$	Notes payable to banks Schedule 1	\$
Accounts/Notes-receivable Schedule 2	\$	Notes and accounts due others Schedule 1	\$
Cash surrender value life insurance. (Do not deduct loans) Schedule 3	\$	Loan(s) against life insurance Schedule 3	\$
Listed (AMEX, NYSE) stocks, bonds, USGovt. Securities Schedule 4	\$	Brokers margin accounts	\$
Other stocks and bonds Schedule 4	\$	Taxes accrues by unpaid	\$
Real estate at cost or market value Schedule 5	\$	Mortgages payable on real estate Schedule 5	\$
Automobiles	\$		\$
	\$		\$
	\$		\$
Other assets - itemize	\$	Other liabilities - itemize	\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
<b>Total Assets</b>	\$	<b>Total Liabilities</b>	\$

**Net Worth** Subtract your total liabilities from total assets and enter figure to right \$

**Contingent Liabilities** As guarantor or co-maker, Legal claims on leases or contracts \$

Income Information		Banking Relationships	
____ Monthly ____ Annual Alimony, child support or separate maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation.			
Salary (Gross)	\$	Name and address of bank	Cash Balance
Bonus and commissions, dividends, interest	\$	Single (S) Joint (J) Trust (T)	
Rental income	\$		
Other - itemize	\$		
	\$		
<b>Total income</b>	\$	<b>Total Cash (take to assets above)</b>	

I warrant that there is no judgement against me nor lien unstatisfied upon my property except as shown, nor prior suit pending against me in any court, that no assets are pledged in any manner not shown herein, and that this statement is true and complete and is offered for the purpose of obtaining and maintaining credit. With joint credit, all applicants must sign.

\_\_\_\_\_  
 Date Signature (Seal) Date Signature (Seal)

Received By \_\_\_\_\_ Through \_\_\_\_\_ Office \_\_\_\_\_

Please Complete Schedules on Reverse Side (Go to Sheet 2 in Workbook in electronic version)

**Supplementary Schedules (take totals to front)** Attach additional pages if necessary

**Schedule 1 Debts/Credit Lines** (Include home and any other open-end revolving credit, even if unused)

Name and address of bank	Endorsement or collateral (describe)	Credit line	Original Amount	Unpaid Balance	Monthly payment
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
		<b>Total</b>	\$	\$	\$
Name and address of others			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
		<b>Total</b>	\$	\$	\$

**Schedule 2 Accounts, Loans, and Notes Receivable**

Name and address of debtor	Maturity date	Amount owing	Description or nature of debt	Description of security	Repayment terms
		\$			
		\$			
		<b>Total</b>			

**Schedule 3 Life Insurance**

Name of insured	Beneficiary	Insurance Co.	Face amount of policy	Surrender value	Loans against policy	Yearly Premium	Type of policy	Is policy assigned?
			\$	\$	\$	\$		
			\$	\$	\$	\$		
			\$	\$	\$	\$		

**Schedule 4 Stocks, Bonds, and US Government Securities**

Description of Security	Registered in name of	Face value (bonds) No. of shares (stocks)	Market value/share	Total Market Value	Pledged Yes/No	Listed (L) on NYSE, AMEX Unlisted (U) Government Security (G)
			\$	\$		
			\$	\$		
			\$	\$		
			\$	\$		
			Total Listed	\$		
			Total Unlisted	\$		

**Schedule 5 Real Estate**

Description or address to include city and state	Title in name of	Date acquired	Cost	Market Value	Tax Value	Original Amount	Unpaid Balance	Monthly payment
			\$	\$	\$	\$	\$	\$
			\$	\$	\$	\$	\$	\$
			\$	\$	\$	\$	\$	\$
		<b>Total</b>	\$	\$	\$	\$	\$	\$

**Other Credit References**

(Give names of banks, finance companies or other concerns where credit has been obtained)

Name and address	Date	Account number	Type of account	High Credit
				\$
				\$
				\$



# Financial Verification Form

This form is to be completed by you and your financial/lending institutions before returning to the address below (please make as many photocopies as necessary). Monthly and/or quarterly statements that are no more than 90 days old may be substituted where appropriate.

Candidate/Franchisee please fill out all information below, except the balance section on your accounts below (this is to be completed by the financial institutions).

Candidate's Name \_\_\_\_\_ Address \_\_\_\_\_

ACCOUNT NAME	AUTHORIZE SIGNATURES (ALL INDIVIDUALS)	DATE ACCOUNT OPENED	ACCOUNT #	INTEREST RATE	BALANCE

We were directly liable to the financial institution for loans at the close of business on \_\_\_\_\_ as follows:

ACCOUNT #	DESCRIPTION	DATE ACCOUNT OPENED	DATE DUE	INTEREST RATE	DATE THROUGH WHICH INTEREST IS PAID	BALANCE

I hereby authorize the release of all information contained on this form by my financial institution(s).

Customer's Signature \_\_\_\_\_ Date \_\_\_\_\_

<b>FINANCIAL INSTITUTIONS</b> <b>**PLEASE READ &amp; COMPLETE**</b>		
Please fill in the "balance section(s)" above with the current financial information.		
The information presented on this form by the customer is in agreement with our records. Although we have not conducted a detailed search of our records, no other deposit or loan accounts have come to our attention.		
Financial Institution's Authorized Signature _____	Title _____	Date _____

Candidate/Franchisee please return this form to:

**Zamba Chicken Corporate Office**  
663 Raritan Road - 2nd Floor  
Cranford, NJ 07016  
P 908-272-0606  
F 908-272-0886