



## Franchise Application for Additional Information

The filing of this Application does not obligate the applicant to purchase or the franchisor to sell a franchise.

(Complete in Full and do not use abbreviations. Please Print Clearly or Type.)

|  |  |
|--|--|
| Name _____<br><small style="display: flex; justify-content: space-between; width: 100%;"> <span>Last</span> <span>First</span> <span>Middle</span> </small>  | Date ____ / ____ / ____<br><small style="display: flex; justify-content: space-between; width: 100%;"> <span>MONTH</span> <span>DAY</span> <span>YEAR</span> </small>                      |
| Other names known by: _____<br>_____<br>_____  | Citizen of _____<br>Identification/<br>Social Security # _____<br>Are you of legal age in your<br>state and/or area of residence? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Have you ever been convicted of a felony? Yes <input type="checkbox"/> No <input type="checkbox"/>   |  |
| Spouse's Name _____<br><small style="display: flex; justify-content: space-between; width: 100%;"> <span>Last</span> <span>First</span> <span>Middle</span> </small>   | Citizen of _____<br>Identification/<br>Social Security # _____<br>Are you of legal age in your<br>state and/or area of residence? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Other names known by: _____<br>_____<br>_____  |  |
| Present Address _____<br>_____<br>_____  |  |
| City _____ State _____ Zip Code _____  |  |
| Telephone (Home) (_____) _____ (Fax) (_____) _____ (Cell) (_____) _____<br><small style="display: flex; justify-content: space-between; width: 100%;"> <span>area code</span> <span>area code</span> <span>area code</span> </small> |  |
| E-mail Address _____   |  |

### EDUCATIONAL BACKGROUND

| School Attended | Years | Grade or Degree Attained |
|-----------------|-------|--------------------------|
| _____           | _____ | _____                    |
| _____           | _____ | _____                    |

### BUSINESS INFORMATION

Self Employed     Employed By \_\_\_\_\_ No. Years \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Telephone ( Business) \_\_\_\_\_ Position \_\_\_\_\_  
 Nature of Business \_\_\_\_\_

### REFERENCES (Excluding Relatives)

| Name  | Address | Telephone # (with Area Code) |
|-------|---------|------------------------------|
| _____ | _____   | _____                        |
| _____ | _____   | _____                        |

Income from present occupation \$ \_\_\_\_\_ per year. Other Income \$ \_\_\_\_\_ per year.

If other income, explain \_\_\_\_\_  
 \_\_\_\_\_

| Personal Bank(s) | Name  | Branch Address | City  | State | Phone # |
|------------------|-------|----------------|-------|-------|---------|
| _____            | _____ | _____          | _____ | _____ | _____   |
| _____            | _____ | _____          | _____ | _____ | _____   |

### SPECIFIC DATA (please list figures in U.S. Dollars)

Would this business be your sole source of income?  Yes  No

Own Home or Rent?  Rent  Own    If Own: Current Value \$ \_\_\_\_\_ Mortgage \$ \_\_\_\_\_

Your Total Assets \_\_\_\_\_ Your Total Liabilities \$ \_\_\_\_\_ Your Net Worth \$ \_\_\_\_\_

Amount of Cash Available for Investment \$ \_\_\_\_\_ Do you have a financing source?  Yes  No

Amount of Financing Available \$ \_\_\_\_\_ If qualified, when would you be ready to invest in your Franchise? \_\_\_\_ / \_\_\_\_ / \_\_\_\_  

MONTH
DAY
YEAR

Will you be the sole owner of this business?  Yes  No

**If names are to be included on the Franchise Agreements, please have these individuals fill out a separate application.**

Estimated training date should you choose to invest: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  

MONTH
DAY
YEAR

Location Preference \_\_\_\_\_

I understand that the granting of a Franchise is at the sole discretion of the Franchisor (TILE OUTLET ALWAYS IN STOCK, Inc.™).

I understand that the information I receive from the Franchisor or from any employee, agent, or franchisee of the Franchisor is highly confidential, ("Confidential Information"), has been developed with a great deal of effort and expense to the Franchisor, is being made available to me solely because of this application. I agree that I shall treat and maintain all Confidential Information as confidential, and I shall not, at any time, without the express written consent of the board of directors of the Franchisor, disclose, publish, or divulge any Confidential Information to any person, firm, corporation or entity, or use any Confidential Information, directly or indirectly, for my own benefit or the benefit of any person, firm, corporation or other entity, other than for the benefit of Franchisor.

I authorize the procurement of an investigative consumer report and understand that it may contain information about my background, character, general reputation, mode of living, credit worthiness and job performance. I understand that, upon written request within a reasonable period of time, I am entitled to additional information concerning the nature and scope of this investigation. I hereby release a credit bureau or security consultant selected by the franchisor, their officers, agents, employees and servants from any liability arising from the preparation of this report of investigation relating thereto.

This authorization for release of information includes but is not limited to matters of opinion relating to my character, ability, reputation and past performance. I authorize all persons, schools, companies, corporations, credit bureaus, and law enforcement agencies to release such information without restriction or qualification to a credit bureau or security consultant selected by the franchisor TILE OUTLET ALWAYS IN STOCK, any of their officers, agents, employees and servants. I voluntarily waive all recourse and release them from liability for complying with this authorization. This authorization; release shall apply to this as well as any future request for an investigative consumer report by the above named firm. I authorize that a photocopy or facsimile of this release be considered as valid as the original.

**Everything that I have stated in this application is true and I understand that the information provided by me will be relied upon by the Franchisor. I read, understand, and agree to all of the above.  I have read this disclaimer.**

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Signature (required) \_\_\_\_\_  

MONTH
DAY
YEAR

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Spouse Signature (required) \_\_\_\_\_  

MONTH
DAY
YEAR