



You've  
**GOT**  
*to be*  
 Beading!™  
 &

## Franchise Evaluation Form

### PERSONAL INFORMATION

Last Name	First Name	Middle Name	Social Security Number	
Date of Application	Birthdate	Age	Telephone Number	
Current Address	City	State	ZIP	How Long?
Previous Address	City	State	ZIP	How Long?
Height	Weight	<input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED		
Full Name of Spouse		Occupation of Spouse		
Names and Ages of Dependent Children				

### APPLICANT'S FRANCHISE PLANS

Will the Franchise be Owned and Operated by Yourself or a Group? <input type="checkbox"/> YOURSELF <input type="checkbox"/> A GROUP
Please Explain Fully
Amount of Capital Available for this Business      \$
Describe Fully
Geographical Area for which application is made
Would you consider other areas? If yes, please list

**EDUCATION**

*Please list all education you have received, including high school, college, military or special training.*

Name of School	Dates of Attendance to	Major and Minor Fields	% of Expenses Earned
Location of School	Grade Average or Class Standing	Diploma or Degree	Date of Graduation
Name of School	Dates of Attendance to	Major and Minor Fields	% of Expenses Earned
Location of School	Grade Average or Class Standing	Diploma or Degree	Date of Graduation

**BUSINESS and EXPERIENCE RECORD**

*Give a complete record of your experience, beginning with your present or last position, include military service.*

*Indicate by asterisk (\*) those employers you do not wish us to contact.*

Have you been in business for yourself?			
Name and Address of Employer			
Position, Title and Duties			
Dates of Employment From To		Supervisor's Name and Title	
Reason for Separation		Beginning Salary	Ending Salary
Name and Address of Employer			
Position, Title and Duties			
Dates of Employment From To		Supervisor's Name and Title	
Reason for Separation		Beginning Salary	Ending Salary
Name and Address of Employer			
Position, Title and Duties			
Dates of Employment From To		Supervisor's Name and Title	
Reason for Separation		Beginning Salary	Ending Salary

**PHYSICAL CONDITION**

**INCOME**

General Physical Condition	Date of Last Physical Exam	Year	\$
		Earned (Salary, commissions, fees, etc.)	\$
List any physical impairments or chronic illnesses which may preclude certain types of activities		Interest & Dividends Received	\$
		Rents Received	\$
Explain		Other Income	\$
			\$
			\$
		Gross Income	\$

**REFERENCES**

Please list three Professional and Character References - Name, Address, Telephone

1.
2.
3.

List three Credit References - Name, Address, Telephone

1.
2.
3.

Bank References - Name, Address	Checking Account No.	Savings Account No.	Other
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**CONTINGENCIES**

Do you have any contingent liabilities?	
If so, please itemize	
Are any of your assets pledged?	
Are you a defendant in any lawsuits or legal actions?	
Have you ever taken bankruptcy? List date.	

**CONFIDENTIAL FINANCIAL STATEMENT**

Name \_\_\_\_\_ Date \_\_\_\_\_

**Please answer all questions using "No" or "None" where necessary**

ASSETS		LIABILITIES AND NET WORTH	
Cash On Hand and unrestricted in banks (Sched.1)	\$	Notes Payable to Banks	
U.S. Government Securities		Unsecured Direct Borrowings only (Sched. 1)	\$
Accounts & Loans Receivable (Sched. 2)		Notes Payable to Banks	
Notes Receivable, Not Discounted (Sched. 2)		Secured Direct Borrowings only (Sched. 1)	
Life Insurance, Cash Surrender Value (Sched. 3) (Do not deduct loans)		Notes Receivable, Discounted with Banks, Finance Companies, etc. (Sched. 1)	
Other Stocks and Bonds (Sched 4)		Notes Payable to Other, Unsecured	
Real Estate (Sched. 5)		Loans Against Life Insurance (Sched. 3)	
Automobiles Registered in Own Name		Accounts Payable	
Other Assets (Itemize)		Interest Payable	
		Taxes & Assessments Payable (Sched. 5)	
		Mortgages Payable on Real Estate (Sched. 5)	
		Other Liabilities (Itemize)	
		NET WORTH	\$
TOTAL ASSETS	\$	TOTAL LIABILITIES & NET WORTH	\$

**SUPPLEMENTARY SCHEDULES**

No. 1 Banking Relations (A list of all my bank accounts, including savings and loans)				How Endorsed-
Name and Location of Bank	Cash Balance	Amount of Loan	Maturity of Loan	Guaranteed or Secured

**No. 2 Accounts, Loans and Notes Receivable (A list of the largest amount owing to me.)**

Name and Location of Debtor	Amount Owing	Age of Debt	Description of Nature of Debt	Description of Security Held	Date Payment Expected

**No. 3 Life Insurance**

Name of Person Insured	Name of Beneficiary	Name of Insurance Co.	Type of Policy	Face Amount of Policy	Total Cash Surrender Value	Total Loans Against Policy	Amount of Yearly Premium	Is Policy Assigned?

**No. 4 Other Stocks and Bonds**

Face Value (Bonds) No. of shares (Stocks)	Description of Security	Registered in Name of	Cost	Present Market Value	Income Received Last Year	To Whom Pledged

**No. 5 Real Estate - The legal equitable title to all the real estate listed in this statement is solely in the name of the undersigned, except as follows:**

Description or Street No.	Dimensions or Acres	Improvements Consist of	Mortgages or Liens	Due Dates and Amounts of Payments	Assessed Value	Present Market Value	Unpaid Taxes	
							Year	Amount

In submitting the foregoing application and statement, the undersigned guarantees its accuracy with the intent that it be relied upon in granting a franchise and undersigned warrants that he/she has not knowingly withheld any information that might affect his/her credit risk, and the undersigned expressly agrees to notify Franchisor immediately extending credit to the in writing of any material change in his/her financial condition whether application for further credit is made or not and in the absence of such written notice, it is expressly agreed that Franchisor in granting a franchise or credit may rely on this statement as having the same force and effect as if delivered upon the date additional credit is requested or existing credit is extended or continued.

The undersigned certifies that each part of the application and financial statements hereof and the information inserted herein has been carefully read and is true and correct.

Date \_\_\_\_\_ Signed \_\_\_\_\_

Please complete all pages and return to:  
**You've GOT to be Beading! ~ 28 East Main Street ~ Mystic, CT 06355**  
 860 536-2552 FAX 860 536-2292 www.ygtbb.com info@ygtbb.com