

APPLICATION



CONFIDENTIAL APPLICATION

**Completion of this application does not obligate
you or Cousins Subs Systems, Inc.**

Cousins Subs Systems, Inc.
N83 W13400 Leon Road, Menomonee Falls, WI 53051
Phone: (800) 238-9736 • Fax: (800) 820-1762 • Email: info@cousinssubs.com
WWW.COUSINSFRANCHISE.COM

CONFIDENTIAL APPLICATION

If you wish to be considered for a Cousins Subs franchise, **please complete all of the data requested on this application, sign on the last page and return it to us.** Completion of the application does not obligate you or Cousins Subs Systems, Inc. in any way.

I. PERSONAL DATA

Your Name: Mr. Mrs. Ms. Dr. _____ Age: _____

Email: _____

Spouse's Name: _____ Age: _____

Email: _____

Home Address: _____ How Long: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Best Time to Call: _____

Work Phone: _____ Best Time to Call: _____

Mobile Phone: _____ Best Time to Call: _____

Fax: _____

Number of Children/Dependents: _____

Education (circle one)

Self: 8 9 10 11 12 College: _____ Degree: _____ Major: _____

Spouse: 8 9 10 11 12 College: _____ Degree: _____ Major: _____

Professional Affiliations: _____

II. EMPLOYMENT AND BUSINESS DATA

Employment Records (résumé(s) may also be attached):

Self: _____

Firm: _____

Address: _____

City/State/Zip: _____

Position/Title: _____

Present Salary: _____

Started: _____

Description of Work: _____

Spouse: _____

Firm: _____

Address: _____

City/State/Zip: _____

Position/Title: _____

Present Salary: _____

Started: _____

Description of Work: _____

Your Previous Business Experience (list in order):

Firm	Address	From/To	Position	Income
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How long have you been looking for a business? _____

What other businesses have you investigated? _____

How did you hear about our program? _____

Did someone refer you to Cousins Subs? If so, who? _____

III. FINANCIAL DATA

Present Financial Status (or attach current Financial Statement):

ASSETS

Cash on Hand & in Banks* \$ _____
 Savings Funds/Certificates* \$ _____
 Stocks, Bonds & Securities* \$ _____
 Retirement Plans, IRA, 401K \$ _____
 Home Market Value \$ _____
 Other Real Estate (Market Value) \$ _____
 Autos (Market Value) \$ _____
 Insurance Cash Value \$ _____
 Money Due You \$ _____
 Personal Property \$ _____
 Other Assets (Describe) \$ _____
Total Assets \$ _____

LIABILITIES

Notes Payable \$ _____
 Revolving A/C Balances \$ _____
 Credit Card Balances \$ _____
 Home Mortgage \$ _____
 Other Real Estate Debt \$ _____
 Auto Loans \$ _____
 Other Debts (Describe) \$ _____
 \$ _____
 \$ _____
 \$ _____
 \$ _____
Total Liabilities \$ _____

NET WORTH

(Total Assets minus Total Liabilities)

Financial Statement Notes: _____

Cash available for investment in this business: \$ _____

If additional funds are required for this business, are they available to you? _____

Explain: _____

Do you plan to have a partner? _____ If so, will your partner be active? _____

Have you ever been involved in a personal or business bankruptcy? _____

Are you or your spouse part of any criminal investigation at this time? _____

Have you or your spouse ever been convicted of any crime? _____

Are there currently any civil judgments against you or your spouse? _____

Are there currently any civil suits pending against you or your spouse? _____

Citizenship: If you are not a citizen of the United States, do you have the required visa to legally own and operate a business in the United States? Yes _____ No _____

Are you a Veteran of the United States Armed Forces? Yes _____ No _____ Branch: _____ Dates of Service: _____

Honorably Discharged? Yes _____ No _____ (If yes, please provide DD-214 or discharge certificate)

Do you have sources of income other than salary? _____ If so, source and amount: _____

Your monthly expenses: Home: \$ _____ Auto: \$ _____ Living: \$ _____

Other: \$ _____ Total Monthly Expenses: \$ _____

*Cousins Subs may require verification of this information prior to awarding a franchise.

IV. FUTURE PLANS

Are you seeking an individual franchise or multiple units (#)? _____

Area preferred (City, State): 1) _____ 2) _____ 3) _____

When would you like your first franchise to open? _____

What are your reasons for going into your own business?

1) _____

2) _____

3) _____

What are some of the major questions you have concerning owning your own business?

1) _____

2) _____

3) _____

What skills and experience do you have that would give you the ability to be a success in this business?

Comments:

I certify that, to the best of my knowledge, the information contained herein is accurate and complete. Cousins Subs Systems, Inc. or any of its affiliates (collectively, "Cousins") are hereby authorized to investigate my background as it pertains to my qualification, character, general reputation personal characteristics and mode of living and to investigate my credit based on information voluntarily provided by me to Cousins, including, without limitation, the information provided in this Application which I warrant is true and accurate. This may include investigations of past employment, references, education and information contained in public records, including credit, criminal and motor vehicle data. This is my authorization to credit reporting agencies, banks, creditors and suppliers to release to Cousins, and to Cousins to release to such parties, all information requested regarding my depository, loan or other credit information, including, without limitation, financial information, by telephone or in writing as part of the normal credit evaluation process. I release Cousins from any liability with respect to the release of any such requested information. If I am requesting that Cousins make a credit determination based on my creditworthiness combined with any co-applicants, I authorize Cousins to discuss any derogatory credit items, and any other information Cousins obtains in connection with the investigation, with such co-applicants.

To verify records, please provide the following information:

Applicant's Name (please print) First: MI: Last: _____

Applicant's Signature: _____ Today's Date: _____

Social Security Number: _____ Date of Birth: _____

Spouse's Name (please print) First: MI: Last: _____

Spouse's Signature: _____ Today's Date: _____

Spouse's Social Security Number: _____ Spouse's Date of Birth: _____

Submit your completed Confidential Application to:

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