ABC™ IMAGING

We image what you imagine

5290 Shawnee Road, Suite 300
Alexandria, Virginia 22312
Tel: 202.429.8870
Fax: 202.429.9136

Franchising Application

For your convience you may complete this form online:
www.franchisewithabc.com/apply

CONFIDENTIAL QUESTIONNAIRE FOR PROSPECTIVE FRANCHISE OWNER

THIS IS NOT A PURCHASE ORDER

The information you furnish in this form is not binding and in no way obligates you or ABC Imaging. Its purpose is to provide our company with pertinent information needed to evaluate you as a Potential franchisee. The answers you supply within this questionnaire will be held in strict Confidentiality by ABC Imaging. Verifications or references will not proceed until purchase negotiations have started.

v.02072018

PERSONAL CONFIDENTIAL INFORMATION

Please Print Clearly

1. PERSONAL DATA-PLEASE ATTACH RESUME

DATE: _____

Name: _____ Spouse: _____

Address: _____ City: _____ State: _____ Zip Code: _____

How long have you lived at this address: _____ U.S. Citizen? _____

Home Phone#: _____

Business Phone#: _____

Mobile Phone#: _____

Email Address: _____

Date of Birth: _____

Marital Status: ☐ Single ☐ Married ☐ Divorced

EDUCATION (CIRCLE ONE)

Self 8 9 10 11 12 College Yrs. _____ Degree _____

Spouse 8 9 10 11 12 College Yrs. _____ Degree _____

NUMBER OF DEPENDANTS (INCLUDING YOURSELF): _____

NAME	RELATIONSHIP	AGE

2. BUSINESS BACKGROUND

Present Employer: _____

Business Address: _____

Title & Responsibilities: _____

How long have you been employed there? _____ Annual Salary: _____

Spouse's Occupation: _____ Annual Salary: _____

Any other source of income: _____ Total Annual Income: _____

Have you, at anytime, owned or operated your own Business? (Explain below)

TYPE OF BUSINESS	HOW LONG OPERATED?	FULL/PART-TIME	ANNUAL INCOME	SOLD OR CLOSED
TYPE OF BUSINESS	HOW LONG OPERATED?	FULL/PART-TIME	ANNUAL INCOME	SOLD OR CLOSED

Current business affiliations other than occupation (Owner, Partner, Officer, etc.)

Organizational Affiliations: (Fraternal, Business, Professional, Civic, etc.)

3. EMPLOYMENT HISTORY (Please list last three jobs)

NAME OF EMPLOYER	ADDRESS	CITY	STATE	YEARS EMPLOYED	POSITION
NAME OF EMPLOYER	ADDRESS	CITY	STATE	YEARS EMPLOYED	POSITION
NAME OF EMPLOYER	ADDRESS	CITY	STATE	YEARS EMPLOYED	POSITION

PERSONAL CONFIDENTIAL INFORMATION

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4. ABOUT YOU

How did you become interested in ABC Imaging? ____________________

____

What are your reasons for going into your own business? ____________________

1) ____________ 2) ____________ 3) ____________

Do you intend to operate your ABC imaging Franchise full or part time? ____________________

Please explain: ____________________

____

If part-time, how much time do you expect to spend at your franchise? ____________________

____

In which geographical area would you like to open an ABC imaging Franchise?

1) ____________ 2) ____________ 3) ____________

Do you plan on having a partner? ____________ If so, will partner be active? ____________

Partner's Name(s) ____________ Phone# ____________

5. FINANCIAL DATA (Bank References):

NAME OF BANK	ADDRESS	CITY	STATE	ZIP CODE
NAME OF BANK OFFICER	TELEPHONE NUMBER#	TYPE OF ACCOUNT AND BALANCE		
LOANS	DATE OF LOAN(S)	ORIGINAL AMOUNT		PAYMENT AMOUNT

NAME OF BANK	ADDRESS	CITY	STATE	ZIP CODE
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LOANS	DATE OF LOAN(S)	ORIGINAL AMOUNT		PAYMENT AMOUNT

If you rent, please indicate monthly rent and complete following:

MONTHLY RENT	NAME OF LANDLORD	HOW LONG HAVE YOU LIVED THERE?		
LANDLORD TELEPHONE#	ADDRESS	CITY	STATE	ZIP CODE

PERSONAL CONFIDENTIAL INFORMATION

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REAL ESTATE

PROPERTY DESCRIPTION	VALUE	DATE ACQUIRED	IN THE NAME OF	MONTHLY PAYMENT	MATURITY DATE

STOCKS, BONDS, 401K, IRA, OTHER

NO. OF SHARES	DESCRIPTION	IN THE NAME OF	MARKET VALUE

ASSETS PLEDGED

DESCRIPTION	VALUE	TO WHOM PLEDGED

ASSETS

Cash: _____

Stocks, Bonds, Securities: _____

401K/IRA: _____

Amount Owed to you by Others (Due within1 Yr) _____

Home Market Value (Present): _____

Insurance (Cash Value): _____

Other Assets: _____

Total Assets: _____

Amount of Capital available to invest into ABC Imaging Franchise: _____

Source of Capital: _____

LIABILITIES

Notes Payable to Bank: _____

Notes Payable to Others: _____

Other Payables(Due within 1Yr.) _____

Home Mortgage: _____

Other Obligations: _____

Total Liabilities: _____

Net Worth: _____

This is not a contractual agreement, nor is the signing of this questionnaire binding on you or on ABC Imaging. Any information on this questionnaire will not be checked unless the undersigned gives written or oral authorization.

_____ _____

*SIGNATURE DATE *SIGNATURE DATE

*If Husband and Wife, Both signatures are required.