

PLEASE SUBMIT VERIFICATION OF ASSETS WITH THIS APPLICATION

Information Form

This is not an application for a franchise, but the following is given to permit a preliminary decision on your eligibility for a Rio Wraps or PizzaPapalis franchise. (For multiple ownership, an information form is to be completed for each individual owner.)

Date: _____

_____	_____	_____	_____
Name	Social Security #	Date of Birth	Citizenship
_____	_____	_____	_____
Spouse's Name	Social Security #	Date of Birth	Citizenship
_____	_____	_____	_____
Street Address	City	State	Zip
_____	_____	_____	_____
Home Phone	Office Phone	Cell Phone	E-Mail Address

EDUCATION: High School College Graduate

Name of College or Graduate School, address, degrees earned, years attended and major subjects:

How did you become aware of this franchise opportunity?

Magazine _____ Store Visit _____
 Trade Show _____ Other _____
 Referral _____

EMPLOYMENT HISTORY: (attach resume if available)

Describe your last three occupations (indicate if self-employed)

Present Position _____ From _____ To _____
Company Name/Location _____
Type of Business _____ Gross Salary _____

Previous Position _____ From _____ To _____
Company Name/Location _____
Type of Business _____ Gross Salary _____

Previous Position _____ From _____ To _____
Company Name/Location _____
Type of Business _____ Gross Salary _____

Have you ever been a Franchisee of any other company? Yes No

If so, what company and dates? _____

Do you plan to be the full-time operator/manager of this business venture? Yes No

If not, do you have an operating partner? _____

Will our spouse be active in your business? Yes No

If so, what will his/her role be? _____

Do you plan to have equity partners? Yes No

If yes, please identify all partners:

Name	Address	SS#	Phone	Active in Business?

Planned date open first unit: ____ / ____ / ____

LOCATION PREFERRED:

1st Choice: _____	2nd Choice: _____	3rd Choice: _____
Address: _____	Address: _____	Address: _____
City: _____	City: _____	City: _____
State/Zip: _____	State/Zip: _____	State/Zip: _____

OTHER INFORMATION:

Why do you believe you can successfully operate a Rio Wraps / PizzaPapalis franchise? _____

How will the Rio Wraps / PizzaPapalis franchise help you in achieving your business and personal goals? _____

Additional information or comments that you might like to share with us in evaluating your consideration for a Rio Wraps / PizzaPapalis.

Personal Financial Information

To obtain approval for a Rio Wraps or PizzaPapalis Franchise Agreement, the following financial information must be submitted. For verification of liquid assets, please include bank or fund statements. Business accounts must submit the most recent balance sheet, profit and loss statement and business tax return.

Assets	Amount	Liabilities	Total
1. Cash on hand and in banks _____		1. Notes Due to Banks:	
		Account _____	_____
2. Stock and Mutual Funds:		2. Notes Due to Others:	
Account _____	_____	Account _____	_____
Account _____	_____	Account _____	_____
Account _____	_____	Account _____	_____
3. Cash Value of Life Insurance:		3. Mortgage on Personal	
Residence: _____	_____		
4. Accounts and Loans Receivable:	_____	4. Mortgage Payable on Real Estate:	
5. Retirement Accounts:		_____	_____
Account _____	_____	_____	_____
Account _____	_____	_____	_____
6. Personal Residence Value:	_____	5. Taxes and Assessments Payable:	
		_____	_____
		_____	_____
7. Real Estate Owned:		6. Other Liabilities:	
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
8. Personal Property:			
_____	_____		
_____	_____		

FINANCIAL AND TRADE REFERENCES:

Name	Mailing Address	City, State, Zip	Telephone
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1. _____

2. _____

3. _____

General Information

Have you been a plaintiff or a defendant in any legal action during the last ten years? _____

Have you, or any entity in which you owned an equity interest, filed for bankruptcy? _____

Have you been arrested for, or charged with, a criminal offense? _____

Name all actions describing type of action, when and where filed and disposition: _____

The undersigned certifies the information described herein has been carefully read and is complete, true and accurate. I agree that you may investigate through credit and any other investigating agencies my credit, character and contact my present and previous employers, franchisors and references to obtain information concerning my character, business habits and employment. I hereby release all such persons from liability and damages incurred as a result of inquiry and/or furnishing or obtaining this information.

Signature: _____ Date _____

Mail completed form to:

Rio Wraps / PizzaPapalis
Attn: Franchise Department
631 E. Big Beaver Rd, Suite 107
Troy, Michigan 48083

Phone: (248) 740-1100

Fax: (248) 740-2284