

Franchises Available!

If you wish to be considered for a Flippers Pizzeria franchise, please complete all the data requested on this application, sign the last page and return it to us.



# Confidential Application

Completion of the application does not obligate you, Flippers Pizzeria or FCI, in any way.



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## Confidential Application

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### I. PERSONAL DATA

Your Name:  Mr.  Mrs.  Ms.  Dr. \_\_\_\_\_ Age: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Spouse's Name: \_\_\_\_\_ Age: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Home Address: \_\_\_\_\_ How Long: \_\_\_\_\_  
 City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Best time to call: \_\_\_\_\_  
 Work Phone: \_\_\_\_\_ Best time to call: \_\_\_\_\_  
 Cellular Phone: \_\_\_\_\_ Best time to call: \_\_\_\_\_  
 Fax: \_\_\_\_\_  
 Education (circle one):  
 SELF  8  9  10  11  12 College: \_\_\_\_\_ Degree: \_\_\_\_\_ Major: \_\_\_\_\_  
 SPOUSE  8  9  10  11  12 College: \_\_\_\_\_ Degree: \_\_\_\_\_ Major: \_\_\_\_\_

### II. EMPLOYMENT AND BUSINESS DATA

Employment Record (resume(s) may also be attached):  
 SELF: \_\_\_\_\_ SPOUSE: \_\_\_\_\_  
 Firm: \_\_\_\_\_ Firm: \_\_\_\_\_  
 Position/Title: \_\_\_\_\_ Position/Title: \_\_\_\_\_  
 Present Salary: \_\_\_\_\_ Date Started: \_\_\_\_\_ Present Salary: \_\_\_\_\_ Date Started: \_\_\_\_\_

How long have you been looking for a business? \_\_\_\_\_  
 What other businesses have you investigated? \_\_\_\_\_  
 How did you hear about FCI? \_\_\_\_\_  
 Please Circle the six to ten attributes which best describe you:

- |                                     |                                     |  |                                      |  |
|-------------------------------------|-------------------------------------|--|--------------------------------------|--|
| <input type="radio"/> Amiable       | <input type="radio"/> Controlling   | <input type="radio"/> Flexible         | <input type="radio"/> Independent    | <input type="radio"/> Outgoing           |
| <input type="radio"/> Bottom Line   | <input type="radio"/> Diplomatic    | <input type="radio"/> Focused          | <input type="radio"/> Leader         | <input type="radio"/> Persuasive         |
| <input type="radio"/> Compassionate | <input type="radio"/> Direct        | <input type="radio"/> Growth Oriented  | <input type="radio"/> Loyal          | <input type="radio"/> Reliable           |
| <input type="radio"/> Competitive   | <input type="radio"/> Eccentric     | <input type="radio"/> Hard Working     | <input type="radio"/> Money Oriented | <input type="radio"/> Results Driven     |
| <input type="radio"/> Traditional   | <input type="radio"/> Conservative  | <input type="radio"/> Enthusiastic     | <input type="radio"/> Impatient      | <input type="radio"/> Open Minded        |
| <input type="radio"/> Risk taker    | <input type="radio"/> Understanding | <input type="radio"/> Considerate      | <input type="radio"/> Enterprising   | <input type="radio"/> Intuitive          |
| <input type="radio"/> Opinionated   | <input type="radio"/> Spontaneous   | <input type="radio"/> Unique/Different | <input type="radio"/> Strong Willed  | <input type="radio"/> Supportive Thinker |

**III. FINANCIAL DATA**

Present Financial Status (or attach current Financial Statement):

ASSETS		LIABILITIES	
Cash on Hand & in Banks *	\$ _____	Notes Payable	\$ _____
Savings Funds/Certificates *	\$ _____	Revolving A/C Balances	\$ _____
Stocks, Bonds, & Securities *	\$ _____	Credit Card Balances	\$ _____
Retirement Plans, IRA, 401K	\$ _____	Home Mortgage Balance	\$ _____
Home Market Value	\$ _____	Other Real Estate Debt	\$ _____
Other Real Estate (Market Value)	\$ _____	Auto Loans	\$ _____
Personal Property	\$ _____	Other Debts (Describe)	\$ _____
Auto(s) Market Value	\$ _____		
Other Assets (Describe)	\$ _____		

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Total Assets	\$ _____	Total Liabilities	\$ _____
NET WORTH	\$ _____		

(Total Assets minus Total Liabilities)

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

Your monthly Expenses: Home: \$ \_\_\_\_\_ Auto: \$ \_\_\_\_\_ Living: \$ \_\_\_\_\_  
Other: \$ \_\_\_\_\_ Total Monthly Expenses: \$ \_\_\_\_\_

Financial Statement Notes:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Cash available for investment in this business: \$ \_\_\_\_\_

Are additional funds available to you? \_\_\_\_\_

Explain: \_\_\_\_\_

Do you plan to have a partner/investor? \_\_\_\_\_ Name of partner/investor: \_\_\_\_\_

If so, how involved will they be? \_\_\_\_\_

**IV. BACKGROUND INFORMATION**

Have you or your spouse 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? \_\_\_\_\_

\*FCI may require verification of this information prior to awarding a franchise

**V. FUTURE PLANS**

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

Area preferred (City, State): 1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_

4) \_\_\_\_\_ 5) \_\_\_\_\_

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: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you know anyone who may be interested in the Flippers Pizzeria opportunity?

Name \_\_\_\_\_ City \_\_\_\_\_ Phone \_\_\_\_\_

I certify that, to the best of my knowledge, the information contained herein is accurate and complete. FCI and/or Flippers Pizzeria is hereby authorized to investigate my background as it pertains to qualification, business considerations, and status. This may include investigations of employment, personal and professional references, education, and information contained in public records including credit, criminal and motor vehicle data. I release all such persons and companies from any liability or damages from having furnished such information.

To verify records please provide the following information:

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

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

Please Sign: Your Signature \_\_\_\_\_ Date \_\_\_\_\_

Spouse's Signature \_\_\_\_\_ Date \_\_\_\_\_

Submit your completed Confidential Application to: Fax # 941-954-8464 or mail To:

**FRANCHISE CONSULTANTS, INC.**

558 S. Osprey Avenue, Sarasota, Florida, 34236

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