



All your money matters™

FRANCHISE APPLICATION

Confidential

Applicant's Name

Date

NOTE:

The information submitted on this form will be treated by BookSmarts®, Inc. as strictly private and confidential.

Please help us by completing all sections carefully and thoroughly. This form will help you prepare and present personal information that is essential for our consideration in granting a franchise. The completion of this application form places no continuing obligation on either BookSmarts®, Inc. or you.

BookSmarts®, Inc. welcomes applications from all sectors of the community regardless of gender, marital status, disability or ethnic origin.

PART A – PERSONAL INFORMATION

Name (Last, First, Middle Initial): _____

Home Address (line1): _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Mobil Phone: _____

E-Mail: _____

Date of Birth: _____ Social Security Number: _____

Marital Status: _____ Spouse's Name: _____

Names and ages of dependents: _____

PART B – BUSINESS EXPERIENCE

Present Occupation: _____ Position: _____

Company: _____ Date Employed: _____

Address: _____ Phone: _____

Describe duties, number of employees supervised and responsibilities:

<p>Do you have prior tax and accounting service experience?</p> <p><input type="checkbox"/> yes <input type="checkbox"/> no</p>	<p>If yes, please explain:</p>
<p>Have you ever owned your own business or franchise?</p> <p><input type="checkbox"/> yes <input type="checkbox"/> no</p>	<p>If yes, please explain:</p>
<p>Have you ever had a business failure?</p> <p><input type="checkbox"/> yes <input type="checkbox"/> no</p>	<p>If yes, please explain:</p>

Prior Employment _____ Position: _____

Company: _____ Dates Employed: _____

Address: _____ Phone: _____

Reason Left: _____

Describe duties, number of employees supervised and responsibilities:

Prior Employment _____ Position: _____

Company: _____ Dates Employed: _____

Address: _____ Phone: _____

Reason Left: _____

Describe duties, number of employees supervised and responsibilities:

Prior Employment _____ Position: _____

Company: _____ Dates Employed: _____

Address: _____ Phone: _____

Reason Left: _____

Describe duties, number of employees supervised and responsibilities:

Have you ever been convicted of a crime (other than minor traffic violations?)	<input type="checkbox"/> yes <input type="checkbox"/> no	List all convictions, showing offense and date:
Has any judgment ever been entered against You or your company or your employer Where you were one of the litigants?	<input type="checkbox"/> yes <input type="checkbox"/> no	If yes, describe fully:
Are you involved in pending litigation?	<input type="checkbox"/> yes <input type="checkbox"/> no	If yes, list dates and explain:
Have you or your spouse ever declared bankruptcy?	<input type="checkbox"/> yes <input type="checkbox"/> no	If yes, describe fully:
Are you a United States Citizen?	<input type="checkbox"/> yes <input type="checkbox"/> no	If no, of which country are you a citizen:

EDUCATION

List Colleges and/or post graduate schools and training.	List degree, certificate or license earned.	List last year in attendance.

PERSONAL REFERENCES (other than relatives)

1.	_____	_____	_____
	Contact Name	Phone Number	Relationship
2.	_____	_____	_____
	Contact Name	Phone Number	Relationship
3.	_____	_____	_____
	Contact Name	Phone Number	Relationship

PART C - FINANCIALS

CURRENT SOURCE OF INCOME FOR
THE 12 MONTH PERIOD ENDING

_____ / _____ / _____
Month / Day / Year

Do you have prior two-year tax returns
for review? yes no

Salaries	\$	_____
Dividends	\$	_____
Bonus/Commissions	\$	_____
Real Estate Income	\$	_____
Other Income	\$	_____
Total Income	\$	_____

Please provide detail on the following asset verification schedule (schedule numbers in parentheses)

ASSETS		LIABILITIES	
Cash on hand and in banks	\$	Loans, notes, accounts payable (3)	\$
Real estate (home) market value		Real estate mortgage balance (6)	
Other real estate market value		Other debts or obligations (5)	
Securities, bonds, debentures (1)			
Notes, accounts receivable (2)			
Net value of business interests (7)			
Other assets (4)			
TOTAL ASSETS		TOTAL LIABILITIES	
		NET WORTH (assets less liabilities)	\$

ASSET VERIFICATION SCHEDULES

(1) Listed securities, bonds, debentures			
Number of Shares	Description	Pledged (yes/no)	Current Market Value
TOTAL			\$

(2) Notes, accounts receivable				
Debtor	Relation to Applicant	Nature of Debt	Monthly Payment	Present Balance
TOTAL				\$

(3) Loans, notes, accounts payable (excluding mortgages)					
Lender	Relation to Applicant	Nature of Debt	Secured y/n	Monthly Payment	Current Balance
TOTAL					\$

(4) Other assets	
(e.g., stock options, cash value of life insurance, autos, other personal property, etc.)	
Description	Fair Market Value
TOTAL	\$

(5) Other debts and liabilities		
(e.g., insurance loans, alimony, child support, lease contracts, legal claims, judgments, chattel mortgages, taxes, co maker or guarantor, etc.)		
Obligee	Description	Amount or Current Balance
TOTAL		\$

ASSET VERIFICATION SCHEDULES - CONTINUED

(6) Real Estate					
Location and Description of Property (residential, rental, vacant)	Date Acquired	Original Mortgage Amount	Monthly Payments (incl. taxes, etc.)	Current Market Value	Current Mortgage Balance
TOTAL			\$	\$	\$

(7) Business Interests							
Name and location of business	Description	Type (partner, Corp, S Corp, etc.)	Relation to applicant	Percent Equity	Buy/sell agreement yes/no	Valuation Method	Net Value of Your Interest
TOTAL							\$

BANK REFERENCES

Bank Name/ City	Contact Name	Phone Number	Account Number

PART D – GENERAL INFORMATION

Are you seeking an individual franchise or multiple locations? _____

GEOGRAPHICAL LOCATION PREFERENCE	NO. OF UNITS
1 st	
2 nd	
3 rd	

MY INVOLVEMENT IN THE BOOKSMARTS FRANCHISE WOULD BE:
<input type="checkbox"/> Full-Time (Owner/ Operator)
<input type="checkbox"/> Part-Time (with other interests)
<input type="checkbox"/> Investment only

What attracted you to BookSmarts?

What other franchises have you researched?

How much capital is available to invest in a BookSmarts Franchise? _____

What is the source of investment funds? _____

Where would you borrow needed funds and on what terms? _____

If another person (or others) will make a financial investment in the proposed BookSmarts, please complete the following:

INVESTOR NAME: _____

AMOUNT OF INVESTMENT: _____

PART OF INVESTMENT BORROWED: _____

PART E – ACKNOWLEDGEMENT AND SIGNATURE PAGE

THE UNDERSIGNED ACKNOWLEDGES AND AGREES TO:

The applicant wishes to be considered as a candidate for the purchase of development and/or franchise rights for BookSmarts®.

The personal and financial statement form has been supplied as a convenience and BookSmarts® shall not incur obligation or liability by receipt of this form.

Any material misrepresentations, whether intentional or unintentional, in information supplied by the applicant(s) in this form shall be grounds for BookSmarts® to immediately terminate any agreements executed by the undersigned.

Only the franchise Approval Committee of BookSmarts® has the authority to approve the undersigned for a franchise. The evaluation of the applicant qualifications are determined by BookSmarts® in its sole discretion.

NOTICE TO THE APPLICANT

The following disclosures are made pursuant to the requirements of the Fair Credit Reporting Act.

An investigative consumer report will be made in connection with your application for a BookSmarts franchise. Report may include information as to your character, general reputation, personal characteristics and mode of living obtained from or through personal interviews with persons whom you are acquainted, or who may have knowledge concerning any such items of information.

In the event such an investigative consumer report is procured, you may submit a written request to BookSmarts to provide a complete and accurate disclosure of the nature and scope of the investigation.

Receipt of the above Notice and Acknowledgement is hereby acknowledged on this _____ day of _____, 20_____.

Applicant's Name (please print)	Social Security Number	Date of Birth
Signature	Date	
Witness	Date	
Co-Applicant's Name (please print)	Date	
Signature	Date	
Witness	Date	

- § If you are making an independent inquiry, please enclose your resume.
- § If partners would be involved, please enclose applications and resumes for each.
- § If you are inquiring as a representative of a company or entity, please attach a description of its experience, its owners and its objectives.
- § If additional space is required, please attach separate papers when necessary.

Please return the application to: Rich Inman via fax 412-220-7050
or e-mail to rinman@booksmartstax.biz