

PERSONAL PROFILE



PERSONAL PROFILE

Full Name _____ Home Phone () _____
Street Address _____ Work Phone () _____
City _____ State _____ Zip _____ How long have you been at this address? ____
Spouse's name _____ Spouse's Occupation/Employer _____
Annual Income _____ #Dependants _____ Ages _____

EMPLOYMENT/BUSINESS EXPERIENCE

Employer _____ Phone () _____
Address _____ City _____ State _____ Zip _____
Position _____ Dates From/To _____ Annual Income _____

Employer _____ Phone () _____
Address _____ City _____ State _____ Zip _____
Position _____ Dates From/To _____ Annual Income _____

Employer _____ Phone () _____
Address _____ City _____ State _____ Zip _____
Position _____ Dates From/To _____ Annual Income _____

PERSONAL REFERENCES

Name _____ Relationship _____
Address _____ City _____ State _____ Zip _____
Home Phone () _____ Work Phone () _____

Name _____ Relationship _____
Address _____ City _____ State _____ Zip _____
Home Phone () _____ Work Phone () _____

Name _____ Relationship _____
Address _____ City _____ State _____ Zip _____
Home Phone () _____ Work Phone () _____

Name _____ Relationship _____
Address _____ City _____ State _____ Zip _____
Home Phone () _____ Work Phone () _____

GENERAL INFORMATION

How did you hear about The Great American Bagel? _____

Have you ever owned a business? _____ Yes _____ No If yes, please describe _____

Operating a successful TGAB stores requires a full-time commitment from the owner/operator.

Are you prepared to dedicate your full time and attention to your store? _____ Yes _____ No

Will you have a partner? _____ Yes _____ No

Do you have a location in mind? If so, where? _____

Will you be able to adequately support yourself and your family while your business becomes established? _____ Yes _____ No

Why do you believe you would be successful as a TGAB Franchise Owner? _____

FINANCIAL INFORMATION

ASSETS

Cash Available \$ _____

Accounts & Loans Receivable \$ _____

Notes Receivable \$ _____

Life Insurance (cash surrender value) \$ _____

Stocks & Bonds \$ _____

401K, Pension Plan, Retirement \$ _____

Real Estate (market value) 1) Home \$ _____

2) _____ \$ _____

3) _____ \$ _____

Other Assets 1) Vehicle \$ _____

2) _____ \$ _____

3) _____ \$ _____

Total Assets \$ _____

Investment and working capital you wish to invest \$ _____

LIABILITIES

Notes Payable to Banks \$ _____

Notes Payable to Others \$ _____

Loans Against Life Insurance \$ _____

Accounts Payable \$ _____

Interest Payable \$ _____

Mortgages

1) Home _____ \$ _____

2) _____ \$ _____

3) _____ \$ _____

Other Liabilities

1) Vehicle _____ \$ _____

2) Charge Accounts _____ \$ _____

3) _____ \$ _____

Total Liabilities \$ _____

Net Worth (Total Assets minus Total Liabilities) \$ _____

BUSINESS REFERENCES

Bank:

Name _____ Contact _____

Address _____ Telephone() _____

Account Number _____ Checking _____ Savings _____

Name _____ Contact _____

Address _____ Telephone() _____

Account Number _____ Checking _____ Savings _____

Major Creditors:

Name _____ Contact _____

Address _____ Telephone() _____

Account Number _____ Checking _____ Savings _____

Name _____ Contact _____

Address _____ Telephone() _____

Account Number _____ Checking _____ Savings _____

The information contained herein will be treated as strictly confidential. The undersigned promises that all information provided is accurate as of the date indicated below.

Signature _____ Date _____

Spouse's Signature _____ Date _____