

PERSONAL PROFILE



PERSONAL PROFILE (Please type or print legibly)

Full Name _____ Home Phone () _____
Street Address _____ Work Phone () _____
City _____ State _____ Zip _____ How long have you been at this address? _____

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 _____

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Address _____ City _____ State _____ Zip _____
Position _____ Dates From/To _____ Annual Income _____

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? _____

BUSINESS REFERENCES

Bank Name _____ Contact _____
Address _____ Telephone() _____
Account Number _____ Checking _____ Savings _____

Accountant/Lawyer 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 _____

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) \$ _____

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* _____