



**Cartridge World<sup>®</sup>**

**Confidential  
Financial Statement  
and  
Personal References**



**Cartridge World®**

Names	Home Phone	Work Phone
Address	Cell Phone	Fax
City	State	Zip

ASSETS		AMOUNT	LIABILITIES		AMOUNT
<b>CASH</b>	Checking Accounts (Schedule 1)		<b>NOTES PAYABLE TO BANKS</b>		
	Savings Accounts or T-Bills (Sch 1)				
	Money Market Funds (Schedule 1)				
	Other				
<b>STOCKS AND BONDS</b>	Listed (Schedule 2)		<b>OTHER NOTES AND ACCOUNTS PAYABLE</b>	Real Estate Loans (Schedule 3)	
	Unlisted (Schedule 2)			Notes Payable (Schedule 6)	
	Other, Describe (Schedule 7)			Loans on Life Ins Policies (Sch 3)	
<b>REAL ESTATE</b>	Primary Residence (Schedule 3)		<b>TAXES PAYABLE</b>	Automobile Loans (Schedule 6)	
	Secondary Residence (Schedule 3)			Current Year's Income Tax Unpaid	
	Business Real Estate (Schedule 3)			Prior Year's Income Tax Unpaid	
	Other (Schedule 3)			Real Estate Taxes Unpaid	
<b>LIFE INSURANCE</b>	Cash Surrender Value (Schedule 4)		<b>OTHER LIABILITIES</b>	Other Taxes Payable	
				Unpaid Interest	
<b>ACCOUNTS, NOTES &amp; MISC. RECEIVABLES</b>	Personal Loans to Others (Sch 5)		<b>OTHER LIABILITIES</b>	Other Liabilities (Schedule 7)	
	Business Loans (Schedule 5)			Uncollectable Receivables (Sch 7)	
	Investment in Businesses (Schedule 7)			Guaranties (Schedule 7)	
	Other Receivables (Schedule 5)			Contingent Liabilities (Schedule 7)	
<b>OTHER PROPERTY</b>	Automobiles		Total Liabilities		
	Other Assets, Itemize (Schedule 7)		Less: Total Assets		
Total Assets			Net Worth		

ANNUAL INCOME	(Refer to Previous Year Federal Income Tax Return)	ANNUAL EXPENDITURES	(Refer to Previous Year Federal Income Tax Return)
Total		Total	

**SUPPLEMENTAL SCHEDULES**

**SCHEDULE 1: BANKING RELATIONS (List all bank accounts, including savings and loans)**

Name and Location of Bank	Maturity of Loan	How Endorsed, Guaranteed or Secured	Outstanding Loan Amount	Cash Balance
Totals				

**SCHEDULE 2: LISTED AND UNLISTED STOCKS AND BONDS OWNED\***

Number of Shares, or Par Value	Description	Issued in the Name of:	Income Received from Investment Last Year	Cost	Market Value
Listed					
Total Listed					
Unlisted					
Total Unlisted					

\* If any of the above Securities are pledged to secure debt, please detail below in Schedule 6.

**SCHEDULE 3: REAL ESTATE OWNED (DESIGNATE: P = PRIMARY HOME; S = SECOND HOME; L = LAND ONLY)**

Location or Description	Title in Name of:	Joint Tenancy?	Interest Rate	Lien Held By:	Cost	Balance of Mortgages	Monthly Payments	Market Value
Totals								

**SCHEDULE 4 LIFE INSURANCE**

Insurance Company	Policy Owner	Beneficiary	Policy Amount	Cash Value	Loan Amount
Totals					

**SCHEDULE 5: ACCOUNTS, LOANS AND NOTES RECEIVABLE**

Name and Address of Debtor	Nature of Debt	Age of Debt	Date Final Pmt Expected	Describe Security, if any	Amount Owing
Total					

**SCHEDULE 6: ACCOUNTS, LOANS AND NOTES PAYABLE**


**SCHEDULE 7: DETAILS RELATIVE TO OTHER IMPORTANT ASSETS, LIABILITIES GUARANTIES AND CONTINGENT LIABILITIES**




## References

**Financial References** – Please list banks, savings and loans, credit unions, mortgage holders and any institutions with whom you have had financial dealings with during the past three years that can provide credit information.

Company _____	Company _____
Address _____	Address _____
City _____ State ____ Zip _____	City _____ State ____ Zip _____
Loan or Account Number _____	Loan or Account Number _____
Contact Person:	Contact Person:
Name _____	Name _____
Phone _____	Phone _____

**Financial References** – Please list two persons with whom you have worked during the past five years in your employment, business, profession or field of interest:

Name _____	Name _____
Address _____	Address _____
City _____ State ____ Zip _____	City _____ State ____ Zip _____
Position _____	Position _____
Phone _____	Phone _____

### Personal References

Name _____	Name _____
Address _____	Address _____
City _____ State ____ Zip _____	City _____ State ____ Zip _____
Relationship _____	Relationship _____
Phone _____	Phone _____

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**I (We) make the above statement of all my (our) assets and liabilities as of the \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_, and certify that the information is true and correct. I (We) agree to have my (our) assets, liabilities, income, references and other related financial matters confirmed by Cartridge World, and hereby authorize Cartridge World to make any additional credit or background checks or investigations that they deem necessary.**

Date _____	Date _____
Signature _____	Signature _____
Print Name _____	Print Name _____
Social Security Number _____	Social Security Number _____



**FRANCHISEE APPLICATION**

Please return this form promptly along with a current resume. If you are applying for a franchise in partnership with another person, other than spouse, please fill out separate profiles.

**PERSONAL DATA:**

Name: \_\_\_\_\_ Home Phone: ( \_\_\_\_ ) \_\_\_\_\_  
 Address: \_\_\_\_\_ Work Phone: ( \_\_\_\_ ) \_\_\_\_\_  
 \_\_\_\_\_ Years at this address \_\_\_\_\_  
 Occupation: \_\_\_\_\_ Facsimile #: ( \_\_\_\_ ) \_\_\_\_\_  
 \_\_\_\_\_ E-Mail Address: \_\_\_\_\_  
 Drivers License number and state: \_\_\_\_\_  
 Name of Spouse: \_\_\_\_\_ Spouse's Occupation: \_\_\_\_\_  
 Spouse's Employer: \_\_\_\_\_

HOW DID YOU FIRST LEARN ABOUT CARTRIDGE WORLD? \_\_\_\_\_  
 SUBSEQUENT EXPOSURE(S) TO CARTRIDGE WORLD, IF ANY? \_\_\_\_\_  
 WHAT PROMPTED YOUR INQUIRY? \_\_\_\_\_  
 \_\_\_\_\_

**EDUCATIONAL BACKGROUND:**

	SCHOOL/LOCATION	MAJOR	DEGREE(S)	YRS. ATTENDED
HIGH SCHOOL				
COLLEGE				
GRADUATE SCHOOL				
OTHER				

ACADEMIC ACHIEVEMENTS OR ACTIVITIES: \_\_\_\_\_  
 \_\_\_\_\_

**BUSINESS EXPERIENCE:** List previous employment beginning with most current or recent.

COMPANY	TYPE OF BUSINESS	POSITION	DATES OF EMPLOYMENT	RESPONSIBILITIES
			to	
			to	
			to	
			to	
			to	

MEMBERSHIP IN ANY CIVIC, SERVICE OR PROFESSIONAL ORGANIZATIONS: \_\_\_\_\_  
 \_\_\_\_\_

**FINANCIAL INFORMATION:**

Applicant's Incomes

Part-Time    \_\_\_ \_\_\_ Under \$30,000  
Full-Time    \_\_\_ \_\_\_ \$30 – 50,000  
Not Employed \_\_\_ \_\_\_ \$50 – 70,000

Spouse's Income:

Part-Time    \_\_\_ \_\_\_ Under \$30,000  
Full-Time    \_\_\_ \_\_\_ \$30 – 50,000  
Not Employed \_\_\_ \_\_\_ \$50 – 70,000

BRIEFLY DESCRIBE YOUR QUALIFICATIONS TO OWN AND MANAGE A CARTRIDGE WORLD FRANCHISE:

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WHAT TRAITS AND SKILLS, IN YOUR OPINION, CHARACTERIZE AN EFFICIENT BUSINESS OWNER?

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WHY ARE YOU INTERESTED IN RUNNING AND OPERATING A CARTRIDGE WORLD FRANCHISE?

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HAVE YOU EVER BEEN CONVICTED OF A CRIME OTHER THAN TRAFFICE MISDEMEANORS? (IF YES, PLEASE DESCRIBE):

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ARE ANY LAWSUITS PENDING AGAINST YOU? (IF YES, PLEASE GIVE PARTICULARS):

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HOW WILL YOU FINANCE THE BUSINESS?

WILL YOU HAVE A BUSINESS PARTNER?

IF SO, NAME OF PARTNER AND THEIR RELATIONSHIP TO YOU:

WILL YOU BE RESPONSIBLE FOR THE DAY-TO-DAY OPERATIONS OF THE BUSINESS?

IF NOT, WHO WILL?

ARE YOU INTERESTED IN SINGLE OR MULTIPLE UNIT OPPORTUNITIES?    \_\_\_ Single    \_\_\_ Multiple

ARE YOU INTERESTED IN A REGIONAL MASTER FRANCHISE OPPORTUNITY?    \_\_\_ Yes    \_\_\_ No

LOCATION PREFERENCES (City or Town):

1<sup>st</sup> Choice    \_\_\_    2<sup>nd</sup> Choice    \_\_\_    3<sup>rd</sup> Choice    \_\_\_

WHEN DO YOU ENVISION OPENING YOUR FIRST LOCATION?

This information I am submitting to Cartridge World North America LLC, is for the purpose of qualifying for consideration to open and operate a Cartridge World franchise to be granted by Cartridge World. This information is true and correct to the best of my knowledge and I hereby give Cartridge World North America LLC authorization to check my employment, criminal and financial history.

Signature \_\_\_\_\_

Date: \_\_\_\_\_