

POSH NAILS

FRANCHISEE EVALUATION FORM

The purpose of this Form is for you to provide us general information to help evaluate your qualifications for a **POSH NAILS** Franchise. This is not an application. If you qualify and a mutual interest develops, we will request additional information at that time. **This form should be completed by EACH proposed partner.** Please print or type your answers. You may attach additional pages if necessary to provide complete answers. Please answer all questions.

Personal Data

DATE OF APPLICATION:			20____	REF/CODE
Last Name		First Name		Middle Name
Tel. No.		Fax No.		Email Address:
Birthdate		Age		T.I.N.
				SSS Number
Current Home Address/Zip Code			Years of Residence	
Previous Address			Years of Residence	
Company Name			Position	
Company Address:				
Civil Status: (Check One) <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed			Height	Weight
Full Name of Spouse			Occupation of Spouse	
Names of Dependent Children			Ages	

Applicant's Franchise Plan

I am interested in your franchise because:	
Will the franchise be owned and operated by yourself or a group? (Check below)	
I plan to be a franchisee: <input type="checkbox"/> actively involved in the business <input type="checkbox"/> passive and behind the scenes	I plan to operate the franchise: <input type="checkbox"/> as an individual <input type="checkbox"/> with partners
Please explain fully.	
Amount of capital available for this business.	
Source of Capital e.g. salary, savings, partner, third source, loan, etc.	
Area/Location/Territory for which application made	
Would you consider any other area?	<input type="checkbox"/> YES <input type="checkbox"/> NO
What area(s)?	

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Business Experience

Have you been in business for yourself?
If yes, provide following details: Type of business: _____ Trade Name: _____ How long has it been existing? _____ Is the business still active? _____ If no, why? _____

Employment Experience

Name and Address of Employer		
Position/Title/Duties		
Dates of Employment (from / / to / /)	Person Reporting Directly To/Title	
Reason for Separation	Starting Salary	Ending Salary
Name and Address of Employer		
Position/Title/Duties		
Dates of Employment (from / / to / /)	Person Reporting Directly To/Title	
Reason for Separation	Starting Salary	Ending Salary

Education

Name of School	Dates of Attendance	Course Attended/Graduated
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Name of School	Dates of Attendance	Course Attended/Graduated

Physical Condition

General Physical Condition	Date of Last Physical Exam
Attending Physician	
List Any Physical Impairments or Chronic Illnesses Which May Preclude Certain Types of Activities	
Please explain.	

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Income

Year _____	
Earned (salary, commissions, fees, etc.)	Php _____
Interests & Dividends Received	Php _____
Rents Received	Php _____
Other Income	Php _____
_____	Php _____
_____	Php _____
_____	Php _____
_____	Php _____
Gross Income	Php _____

References

Please list three professional and character references (Name-Address-Phone No.-Fax No.)
1. _____
2. _____
3. _____
Please list three Credit References (Name-Address-Phone No.-Fax No)
1. _____
2. _____
3. _____
Bank References (Name-Address-Checking Account/Savings Account/Others)
1. _____
2. _____
3. _____

Contingencies

Do you have any contingent liabilities? _____ Are any of your assets pledged? _____
If so, please enumerate _____
Have you ever taken bankruptcy? _____
Are you defendant in any law suits or legal action? _____

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In submitting the foregoing statement the undersigned guarantees its accuracy with the intent that it be relied upon in granting a franchise and extending credit to the undersigned and warrants that he/she has not knowingly withheld any information that might affect his/her credit risk, and the undersigned expressly agrees to notify **POSH NAILS** immediately in writing of any material change in his/her financial condition whether application for further credit is made or not and in the absence of such written notice, it is expressly agreed that **POSH NAILS** in granting a franchise or credit may rely on this statement as having the same force and effect as if delivered upon the date additional credit is requested or existing credit is extended or continued.

The undersigned certifies that each part of the application and financial statements hereof and the information inserted herein has been carefully read and is true and correct.

Date: _____, 20____

Signed: _____
Signature over Printed name

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