

Creative World Franchise



Early Childhood Learning Centers

10060 Amberwood Road, Suite 1
Fort Myers, FL 33913
www.creativeworldschool.com

Florida Office

(239) 437-6273
1-800-362-5940
Fax 239-437-0507

Franchise Questionnaire - Survey - Evaluation Form

Date of Survey _____

Last Name _____ First Name _____ Middle _____
Social Security Number _____ Birthdate _____

Marital Status - married - separated - unmarried (incl. single, div., widowed)

Spouse's Full Name _____
Social Security Number _____ Birthdate _____

Current Address _____ City _____ State _____ Zip _____
How Long _____ Own or Rent _____

Previous Address _____

Home Telephone Number _____

Business Telephone _____ Spouse's Business Phone _____

Number of dependents _____ ages _____

Drivers License # _____ Spouse's Driver License # _____

General Physical Condition Self - Excellent _____ Good _____ Fair _____

Physical Limitations? _____ Date of Last Physical Examination _____

General Physical Condition Spouse - Excellent _____ Good _____ Fair _____

Physical Limitations? _____ Date of Last Physical Examination _____

Present Employer _____ Years _____

Address _____ Phone _____ Supervisor _____

Present Salary/Commission _____

Previous Employer _____

Spouse's Place of Employment _____

Previous Employer-Spouse _____

Education - High school _____ (last grade completed) _____

College/University _____ Major _____

Degree received _____ Year _____

Trade or Business _____ Field _____

Spouse's education _____

Have you or your spouse (company, corporation, partnership or principle thereof) ever owned, operated or entered into a franchise agreement or owned any other type of business?

If so, give details _____

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Do you and/or your spouse plan to work full time in this business? _____

Will the operation of the franchise, if so granted, be your or your spouse's primary occupation?

Will the franchise be owned and operated by yourself or a group? _____

Explain: _____

How do you plan to fund your franchise? Cash, Bank Loan, Other Loan, Other _____

Explain: _____

Do you have partners? _____ If so, will partner(s) be active? _____

Do you plan to have investors? _____ If so, to what extent? _____

Amount of cash available for investment in this business? _____

If additional funds are required for this business, are they available to you? _____

Please Explain _____

Financial Information:

<u>Assets:</u>	<u>Amount</u>
Cash	_____
Savings	_____
Real Estate	_____
Automobiles	_____
Cash Value of Life Insurance	_____
Stocks & Bonds	_____
Retirement Accts.	_____
Other Assets	_____
Total Assets	_____

<u>Liabilities:</u>	<u>Amount</u>
Mortgages	_____
Bank Loans	_____
Notes Payable	_____
Accounts Payable	_____
Other Mortgages	_____
Credit Cards	_____
Loans against Life Insurance	_____
Other Liabilities	_____
Total Liabilities	_____

Are any of your assets pledged? _____ If so, amount pledged _____

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Household Income - Average Last Two Years

_____ under \$50,000 _____ \$51,000-\$75,000
_____ \$76,000-100,000 _____ Over \$100,000

Source of Income

Self _____ Current Year _____ Rent _____ Other _____ Gross _____
Spouse _____ Current Year _____ Rent _____ Other _____ Gross _____

Are you, your spouse, your company or partnership a co-maker, endorser or guarantor on any loan or contract? If yes, Explain: _____

Have you or your spouse ever filed for bankruptcy? _____ If Yes, Explain: _____

Are there any lawsuits, judgements, or liens pending against you?

If Yes, Explain: _____

Are you involved in any lawsuits or legal actions?

If Yes, Explain: _____

Have you or your spouse ever been convicted of a crime? _____

If yes, Explain (include date, location charge and disposition) _____

Have you or your spouse ever served in the military or specialized services? _____

If yes, branch / rank / years _____

Please list three Professional and Character References

Name	Address	Phone	Years Known
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

Please list three Credit Reference

Name	Address	Phone	Years Known
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

Bank References

Name	Address	Phone	Years Established
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

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First choice of Location - State _____ City _____

2nd Choice State _____ City _____

Would you consider other area(s)? _____ What areas? _____

How did you learn about this franchise opportunity? _____

Please provide any other information which you feel would be pertinent in our decision to consider you as a prospective franchisee.

I fully understand that submitting this survey does not obligate me or Creative World Franchising in any manner and that you will retain this questionnaire whether or not it is approved.

Everything I have stated in this survey is correct to the best of my knowledge. If I am considered as a Franchisee, I understand that I must submit completed background applications and pay the cost of any applicable background investigations to Creative World Franchising Company.

The undersigned certifies that each part of the survey and financial statements hereof, and the information inserted herein have been carefully read and are true and correct.

This questionnaire does not constitute a franchise offer. An offer to franchise may only be made through a Uniform Franchise Offering Circular.

I authorize Creative World School, Inc. to review my personal credit profile which is to be used only in conjunction with the application process for a franchise opportunity.

Signed _____ Date _____

Signed _____ Date _____

Please return completed questionnaire to:

Creative World School Franchising

Attention—Sales and Support

10060 Amberwood Road, Suite 1

Fort Myers, FL 33913