



Franchise Application

Last Name	First	Middle	Home Phone
Street Address			City
State			Zip Code
Social Security Number	Date of Birth	Are you a U.S. Citizen?	
How were you referred to TFS Franchise Corporation?			

EMPLOYMENT HISTORY

Present or Last Employer (Name and Address of Firm)			Phone
Dates of Employment From:		To:	Position Held
Starting Salary	Ending Salary	Other Compensation (Bonus, Commission, Misc.)	
Brief Description of Your Duties		Reason for Leaving	
Immediate Supervisor's Name	Title	Phone	

Use spaces below to list business experience within the last 5 years, starting with the most current.

Dates	Company	Address	Position	Income
To				
To				
To				

REFERENCES

Person: Name	Occupation	Address	Phone

EDUCATION

School	Name of School, City and State	Year Completed	Last Year Attended	Major	Degree
High School					
College					
Graduate					

MISCELLANEOUS

Net Worth (Support with Financial Statement)
Have you ever filed for bankruptcy? Had a real estate loan foreclosed? Had a lien against you? If yes, Explain
Have you ever been a party to a lawsuit? If yes, Explain.
What level of income do you initially expect to earn from your business?
What do you feel will be your most important contribution to your business?

FINANCIAL

Assets	Amount	Liabilities	Amount
Checking Account		Notes Payable to Banks Secured	
Savings Account/Certificates		Notes Payable to Banks Unsecured	
U.S. Government Securities		Notes Payable to Relatives	
Listed Securities		Notes Payable TO Others	
Unlisted Securities		Accounts and Bills Due	
Accounts Payable and Notes Receivable Good		Unpaid Income Tax	
Accounts Payable and Notes Receivable Doubtful		Other Unpaid Taxes and Interest	
Real Estate Owned (Home)		Real Estate Mortgages Payable (Home)	
Real Estate Owned (Other)		Real Estate Mortgages Payable (Other)	
Real Estate Mortgages Receivable		Charter Mortgages and Other Items Payable	
Automobile and Other Personal Property		Other Debts Itemized	
Cash Value-Life Insurance			
Other Assets		Margin Accounts	
		Total Liabilities	\$
		Net Worth	\$
		Total Liabilities and Net Worth	\$

Amount of Capital Available to Invest

All information is true and represents an accurate statement of the financial condition of the undersigned as of

Date: _____

Signed: _____

STATEMENT

I certify the facts set forth in this application are true and complete. I understand that, if chosen as a Franchisee, false statements on this application shall be considered sufficient cause for termination of the Franchise Agreement.

I authorize Tedeschi Food Shops, Inc. to verify all statements contained in this application and to make any references and credit checks.

Name: (Print) _____

Address _____

Social Security # _____

Date of Birth _____

Date: _____

Signature _____