

Confidential Application

*Completion of this application does not obligate
you or Roof-to-Deck Restoration®*



Contact us at:
Toll Free 1-800-422-7519
www.rooftodeck.com

Confidential Application

The following information is necessary to evaluate your qualifications and interests regarding a franchise. Should you qualify and a mutual interest develops, additional information may be requested. This form must be completed before continuing with the franchise process. The information you provide is confidential and will be treated as such. Completing this questionnaire does NOT obligate you or Roof-to-Deck Restoration in any way. If more than one person/couple will be involved, please attach a separate completed form for each party.

I. Personal Data

Your Name	Mr.	Mrs.	Ms.	Dr.		Age:
E-Mail						
Spouse's Name	Mr.	Mrs.	Ms.	Dr.		Age:
E-Mail						
Address						How Long
City			State		Zip	
Home Phone			Best time to call			
Business Phone			Best time to call			
Cellular Phone			Best time to call			
Fax						
Number of Children/Dependents						
Education (circle one)						
Self	8	9	10	11	12	College Degree Major
Spouse	8	9	10	11	12	College Degree Major
Professional Affiliations						

II. Employment and Business Data

Employment Records (resume(s) may also be attached)

Self	Spouse
Firm	Firm
Address	Address
City/State/Zip	City/State/Zip
Position/Title	Position/Title
Present Salary	Present Salary
Started	Started
Description of Work	Description of Work

Your Previous Business Experience (list in order)

Firm	Address	From/To	Position	Income

How long have you been looking for a business? _____

What other businesses have you investigated? _____

How did you hear about our program? _____

Did someone refer you to Roof-to-Deck Restoration? If so, who? _____

III. Financial Information

Present Financial Status (or attach current Financial Statement)

ASSETS		LIABILITIES	
Cash on Hand & In Banks	\$ _____	Notes Payable	\$ _____
Savings Funds/Certificates	\$ _____	Revolving A/C Balances	\$ _____
Stocks, Bonds & Securities	\$ _____	Credit Card Balances	\$ _____
Retirement Plans, IRA, 401K	\$ _____	Home Mortgage	\$ _____
Home Market Value	\$ _____	Other Real Estate Debt	\$ _____
Other Real Estate (Market Value)	\$ _____	Auto Loans	\$ _____
Autos (Market Value)	\$ _____	Other Debts (Describe)	\$ _____
Insurance Cash Value	\$ _____		\$ _____
Money Due You	\$ _____		\$ _____
Personal Property	\$ _____		\$ _____
Other Assets (Describe)	\$ _____		\$ _____
Total Assets	\$ _____	Total Liabilities	\$ _____
Net Worth	\$ _____		
(Total Assets minus Total Liabilities)			

Financial Statement Notes _____

Cash available for investment in this business \$ _____

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

Explain _____

Do you plan to have a partner? _____

If so, will your partner be active? _____

Do you plan to have investors? _____

If so, to what extent? _____

Have you ever been involved in a personal or business bankruptcy? _____

Are you or your spouse part of any criminal investigation at this time? _____

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

Are there currently any civil judgements against you or your spouse? _____

Are there currently any civil suits pending against you or your spouse? _____

Do you have sources of income other than salary? If so, source and amount: _____

Your monthly expenses: Home \$ _____ Auto \$ _____ Living \$ _____
 Other \$ _____ Total Monthly Expenses \$ _____

