

**PHOLICIOUS INC  
CREDIT DEPARTMENT**

APPLICATION TO PURCHASE FRANCHISE

Project/DBA: \_\_\_\_\_ Property Location: \_\_\_\_\_

Type of Business (please check one): \_\_\_\_\_S or C Corporation    \_\_\_\_\_Partnership    \_\_\_\_\_Proprietorship

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If <u>all</u> information on this application is contained in another document it may be substituted.	

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CORPORATION (Attach a copy of the most recent audited financial statements if applicable)

A. Corp Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
 Bus. Type: \_\_\_\_\_ How Long in Business: \_\_\_\_\_  
 State of Incorporation: \_\_\_\_\_ How Long at this Address: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, St, Zip: \_\_\_\_\_ Own: \_\_\_\_\_ Rent: \_\_\_\_\_  
 Mortg. Co: \_\_\_\_\_ Landlord: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

B. Corporation Officers:

Name: \_\_\_\_\_ SSN: \_\_\_\_\_  
 Address: \_\_\_\_\_ Title: \_\_\_\_\_  
 City, St, Zip: \_\_\_\_\_ Home Phone #: \_\_\_\_\_  
 Email: \_\_\_\_\_

Name: \_\_\_\_\_ SSN: \_\_\_\_\_  
 Address: \_\_\_\_\_ Title: \_\_\_\_\_  
 City, St, Zip: \_\_\_\_\_ Home Phone #: \_\_\_\_\_  
 Email: \_\_\_\_\_

EXPERIENCES

Present Business: \_\_\_\_\_  
 From \_\_\_\_\_ to \_\_\_\_\_

Previous Business: \_\_\_\_\_  
 From \_\_\_\_\_ to \_\_\_\_\_

Number of Stores: \_\_\_\_\_  
 List PHOLICIOUS Locations (Name of Mall, City, State): \_\_\_\_\_  
 List of Other Locations (Name of Mall, City, State): \_\_\_\_\_

REFERENCES

Bank Reference	Bank Reference	Bank Reference
Name: _____	_____	_____
Address: _____	_____	_____
City, St, Zip: _____	_____	_____
Phone #: _____	_____	_____

Credit Reference	Credit Reference	Credit Reference
Name: _____	_____	_____
Address: _____	_____	_____
City, St, Zip: _____	_____	_____
Phone #: _____	_____	_____

To the extent all of the above information is contained in another document, you may forgo completion of this document and attach similar document.

**PHOLICIOUS INC  
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INDIVIDUAL

A. Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Home Address: \_\_\_\_\_ SSN: \_\_\_\_\_  
City, St, Zip: \_\_\_\_\_ Drivers License #: \_\_\_\_\_  
How Long At This Address: \_\_\_\_\_ Own: \_\_\_\_\_ Rent: \_\_\_\_\_  
Email: \_\_\_\_\_

Mortg. Co.: \_\_\_\_\_ Landlord \_\_\_\_\_  
Address: \_\_\_\_\_ Phone #: \_\_\_\_\_  
City, St, Zip: \_\_\_\_\_

B. Previous Address: \_\_\_\_\_ How Long At This Address: \_\_\_\_\_  
(less than 2 yr.) \_\_\_\_\_ Own: \_\_\_\_\_ Rent: \_\_\_\_\_

C. Employer: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Address: \_\_\_\_\_ How Long: \_\_\_\_\_  
City, St, Zip: \_\_\_\_\_ Contact: Yes \_\_\_\_\_ No \_\_\_\_\_

D. Business Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
DBA and/or Trade Name: \_\_\_\_\_ How Long in Business: \_\_\_\_\_  
State of Incorporation: \_\_\_\_\_  
Address: \_\_\_\_\_ Own: \_\_\_\_\_ Rent: \_\_\_\_\_  
City, St, Zip: \_\_\_\_\_

PARTNERS (If partners, state if general, special, or limited) \_\_\_\_\_

A. Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Home Address: \_\_\_\_\_ SSN #: \_\_\_\_\_  
City, St, Zip: \_\_\_\_\_ Drivers License #: \_\_\_\_\_  
How Long at this Address: \_\_\_\_\_ Own: \_\_\_\_\_ Rent: \_\_\_\_\_  
Email: \_\_\_\_\_

Mortg. Co.: \_\_\_\_\_ Landlord \_\_\_\_\_  
Address: \_\_\_\_\_ Phone #: \_\_\_\_\_  
City, St, Zip: \_\_\_\_\_

B. Previous Address: \_\_\_\_\_ How Long at this Address: \_\_\_\_\_  
(less than 2 yr.) \_\_\_\_\_ Own: \_\_\_\_\_ Rent: \_\_\_\_\_

C. Employer: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Address: \_\_\_\_\_ How Long: \_\_\_\_\_  
City, St, Zip: \_\_\_\_\_ Contact: Yes \_\_\_\_\_ No \_\_\_\_\_



**PHOLICIOUS INC  
CREDIT DEPARTMENT**

**PERSONAL FINANCIAL STATEMENT\***

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

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, St, Zip \_\_\_\_\_

To: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

For the purpose of securing credit from time to time with you, I furnish the following as a true and correct statement of my financial condition on data named above and agree to notify you of any material changes affecting my financial condition. In the absence of such notice, this is to be considered a continuing statement and my ability to pay has not fallen below the condition herein set forth.

<b>ASSETS</b>		.00	<b>LIABILITIES</b>		.00
Cash (Schedule A)	\$		Notes Payable Banks (Schedule A)	\$	
Stocks and Bonds (Sch B)			Notes Payable to Relatives (Sch D)		
Accounts and Notes Receivable			Notes Payable to Others (Sch D)		
Due from relatives and friends			Accounts Payable		
Due from others - good			Federal & State Income Taxes Payable		
Doubtful			Other Accrued Taxes and Interest		
Real Estate Owned (Sch C)			Mortgage Payable (Sch C)		
Cash Surrender Value Life Ins (Sch E)			Installment Contracts Payable		
Other Assets (Itemize)			Loans against Life Insurance (Sch E)		
			Other Liabilities (Itemize)		
			Total Liabilities	\$	
			Net Worth	\$	
Total Assets	\$		Total Liabilities & Net Worth	\$	
Amount of Assets Pledged	\$		Amount of Liabilities Secured	\$	

Annual Income: Salary \$ \_\_\_\_\_ Fees or Commissions \$ \_\_\_\_\_ Other \$ \_\_\_\_\_

Business or Occupation: \_\_\_\_\_ Name of Employer: \_\_\_\_\_

Are you a partner or officer in any other businesses or ventures? \_\_\_\_\_

Age: \_\_\_\_\_ Marital Status: \_\_\_\_\_ No. of Dependents: \_\_\_\_\_ Spouse Name: \_\_\_\_\_

(Single/Married/Widow(er)/Divorced) Spouse SSN: \_\_\_\_\_

Are there any unsatisfied judgements or legal actions pending against you? \_\_\_\_\_

Have you ever gone through bankruptcy or made a general assignment? \_\_\_\_\_

As of the date of this financial statement, I had not pledged, assigned, hypothecated or transferred the title of any of my assets, except as noted on this form or on a supporting schedule, nor has any such action been taken since that date, except as follows (give details): \_\_\_\_\_

Contingent Liabilities: As endorser or co-maker: \_\_\_\_\_

On receivable discounted or sold: \_\_\_\_\_ As guarantor: \_\_\_\_\_

On leases, mortgage or contracts: \_\_\_\_\_ Unsettled claims: \_\_\_\_\_

Other (Itemize): \_\_\_\_\_

\*May attach separate form if one containing appropriate information is available.

