



Franchisee Application-Exhibit B

Personal & Financial Profile

Note: This form, when completed, is an essential part of Salisbury Tutoring Academy Franchise Group, LLC's consideration in granting a franchise and a license. Please print or type and give specific answers to all questions. The completion of this form places no continuing obligation on Salisbury Tutoring Academy Franchise Group, LLC or on the applicant. The information obtained by Salisbury Tutoring Academy Franchise Group, LLC will be held in strict and complete confidence and will not be released or disseminated to any third persons, and is strictly for evaluation purposes by Salisbury Tutoring Academy Franchise Group, LLC to determine if Salisbury Tutoring Academy Franchise Group, LLC desires to franchise its system to you.

Name _____
Address _____
City, State, Zip _____
Telephone: Home _____ Work _____ Cellular _____
How Long at This Address? _____
Previous Address _____
City, State, Zip _____
How Long at This Address? _____
Business Address _____
City, State, Zip _____
Email
address _____

Personal Information

Date of Birth _____ Social Security Number _____
Marital Status _____ single _____ married; if married, will spouse be active in
franchise? _____ yes _____ no
Name of Spouse _____ Social Security Number _____

Number of Children _____ Names and ages _____

Will any of the children be active in the franchise? _____ yes _____ no
Number of other dependents _____ Names and ages _____

Physical Condition

Present State of Health _____
Handicaps or Physical Limitations _____

Time Lost from Work Due to Illness (please give details)

Education

High School

Name of School _____
Address _____

Courses Majored In _____
Last Year Completed _____ (1) _____ (2) _____ (3) _____ (4)

Graduate? _____ yes _____ no
Scholastic Standing _____ top 25% _____ middle 50% _____ low 25%

Favorite Subjects _____
Least Liked Subjects _____

Offices _____

held/awards _____

College

Name of School _____
Address _____

Courses Majored In _____
Last Year Completed _____ (1) _____ (2) _____ (3) _____ (4)

Graduate? _____ yes _____ no
Scholastic Standing _____ top 25% _____ middle 50% _____ low 25%

Favorite Subjects _____
Least Liked Subjects _____

Offices _____

held/awards _____

Business or Trade School

Name of School _____
Address _____

Courses Majored In _____
Last Year Completed _____ (1) _____ (2) _____ (3) _____ (4)

Graduate? _____ yes _____ no
Scholastic Standing _____ top 25% _____ middle 50% _____ low 25%

Favorite Subjects _____

Least Liked Subjects _____
Offices _____
held/awards _____

Other

Name of School _____
Address _____
Courses Majored In _____
Last Year Completed _____ (1) _____ (2) _____ (3) _____ (4)
Graduate? _____ yes _____ no
Scholastic Standing _____ top 25% _____ middle 50% _____ low 25%
Favorite Subjects _____
Least Liked Subjects _____
Offices _____
held/awards _____

What portion of college expenses did you earn? _____

Military Service

Branch of Service _____ Length of Service _____
Rank at Time of Discharge _____
Citations or Awards _____

Work History

Present Employer _____
Type of Business _____
Address _____
Position _____ Employed since _____
Name of Supervisor _____ Telephone Number _____
Major Duties _____

Salary _____

Previous Employer _____
Type of Business _____
Address _____
Position _____ Year began/year left _____
Name of Supervisor _____ Telephone Number _____
Major Duties _____

Salary _____
Reason for Leaving _____

Previous Employer _____
Type of Business _____
Address _____
Position _____ Year began/year left _____

Name of Supervisor _____ Telephone Number _____

Major Duties _____

Salary _____

Reason for Leaving _____

Business Experience

Have you ever owned your own non-franchise business? _____ yes _____ no

If yes, give details

Type of Business _____

Address _____

Term of Ownership _____

Reason for Termination _____

Have you ever owned your own franchise business? _____ yes _____ no

If yes, give details

Name of Franchise _____

Type of Business _____

Address _____

Term of Ownership _____

Reason for Termination _____

Financial Information

Banking Activity

Bank Name _____ Type of Account _____

Address _____

Contact Name _____ Telephone _____

Bank Name _____ Type of Account _____

Address _____

Contact Name _____ Telephone _____

Bank Name _____ Type of Account _____

Address _____

Contact Name _____ Telephone _____

Bank Name _____ Type of Account _____

Address _____

Contact Name _____ Telephone _____

Assets

Cash on Hand and Unrestricted in Banks (give account number and bank name, address, and telephone number with approximate balance) _____

Stocks _____

Bonds _____

Certificate of Deposit (give current value, date of maturity, financial institution,
address, telephone number etc.) _____

Life Insurance

Vested Retirement Plans _____

Accounts, Notes & Loans Receivable _____

Personal Possessions (give details and current values) _____

Other Assets _____

Real Estate

Type of Property _____

Address _____

Original Cost _____

Market Value _____

Mortgages/ Liens _____

Monthly Payments _____

Liabilities

(Give account number, current balances, monthly payments, financial institution, address,
phone number and contact name)

Notes Payable to Banks or Others _____

Mortgages/Deeds of Trust Payable

Accounts, Notes, & Loans Payable to Others _____

Other Liabilities _____

Are you a cosigner, guarantor or endorser on the obligation of any other person?

_____yes _____no

If yes, explain: _____

List any contingent liabilities not listed including leases: _____

Annual Income

Salary _____

Spouse's Salary _____

Bonus & Commissions _____

Interest _____

Dividends _____

Other Income _____

Do you have any arrangements or commitments, contractual or otherwise, that may interfere with your becoming a franchisee? If yes, explain _____

Have you, or any business entity in which you have owned an interest, ever been involved in bankruptcy, insolvency proceedings, or compromise with creditors?

_____yes _____no

If yes, explain: _____

Are you a party, either as plaintiff or defendant, to any lawsuits or legal proceedings?

_____yes _____no

If yes, explain _____

Have you ever been convicted of any crimes other than minor traffic offenses?

_____yes _____no

If yes, explain _____

Other Parties Involved in This Business

Name _____ Occupation _____
Address _____
Percent of Ownership _____ Telephone _____
Will partner/associate devote full time to business? _____yes _____no

List additional partners/associates

Name _____ Occupation _____
Address _____
Percent of Ownership _____ Telephone _____
Will partner/associate devote full time to business? _____yes _____no

Name _____ Occupation _____
Address _____
Percent of Ownership _____ Telephone _____
Will partner/associate devote full time to business? _____yes _____no

(Note: All partners must fill out one of these forms. Please indicate who will be operating partners and who will not.)

Credit References

Company Name _____
Address _____
Person to Contact _____ Phone _____
Account Number _____ Balance _____

Company Name _____
Address _____
Person to Contact _____ Phone _____
Account Number _____ Balance _____

Company Name _____
Address _____
Person to Contact _____ Phone _____
Account Number _____ Balance _____

Personal/Business References

Name _____
Address _____
Occupation _____ Telephone _____
Relationship _____ How Long? _____

Name _____
Address _____
Occupation _____ Telephone _____

Relationship _____ How Long?

Name _____

Address _____

Occupation _____ Telephone _____

Relationship _____ How Long?

I authorize Salisbury Tutoring Academy Franchise Group, LLC to make investigations of my credit, character and ability, to contact any persons, whether or not listed above, including former employees, in order to obtain personal information about me. I release all such persons from any and all liability or damages that may be incurred as a result of such an inquiry or the furnishing of such information. I also certify that the information given above on this statement is true and complete. I will provide additional information if needed to complete this application.

Signature

Date

Please fill out completely and mail to
Salisbury Tutoring Academy
818 Corporate Circle
Salisbury, NC 28147

Or Fax to 704-633-8206

Or Email to staltd@vnet.net