



FRANCHISEE EVALUATION FORM

The purpose of this form is for you to provide **Cali-Poke franchisor entity** with general information to help evaluate your qualifications for being awarded a **Cali-Poke Franchise**. This is not an application. If you qualify and a mutual interest develops, we will request additional information at that time. **This form should be completed by EACH proposed partner.** Please print or type your answers. You may attach additional pages, if necessary, to provide complete answers. **Please answer as many questions as possible.**

Personal Data

DATE OF APPLICATION		
Last Name	First Name	Middle Name
Tel. No.	Fax No.	Email Address
Current Home Address		
Permanent Home Address		Nationality
Company Name		Position
Company Address		
Marital Status: (Check One) <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Other		Age
Dependent Children		Ages

Applicant's Franchise Plan

I am interested in your franchise because:	
Will the franchise be owned and operated by yourself or a group? (Check below)	
I plan to be a franchisee: <input type="checkbox"/> actively involved in the business <input type="checkbox"/> passive and behind the scenes <i>(Describe in Detail)</i>	I plan to operate the franchise: <input type="checkbox"/> as an individual <input type="checkbox"/> with partners
Amount of capital available for this business. <i>(Describe in Detail)</i>	
Area/Territory for which you want to start a Cali-Poke Franchise?	
Would you consider any other area?	<input type="checkbox"/> YES <input type="checkbox"/> NO
What area(s)?	

Business Experience

Have you been in business for yourself?		
Name and Address of Employer (if applicable)		
Position/Title/Duties		
Dates of Employment: From To	Person Reporting Directly To/Title	
Reason for Separation	Starting Salary(in US\$) :	Ending Salary(in US\$):
Name and Address of Employer		
Position/Title/Duties		
Dates of Employment: From To	Person Reporting Directly To/Title	
Reason for Separation	Starting Salary(in US\$) :	Ending Salary(in US\$):

Education

Name of School	Dates of Attendance	Course Attended/Graduated
Name of School	Dates of Attendance	Course Attended/Graduated
Name of School	Dates of Attendance	Course Attended/Graduated
Name of School	Dates of Attendance	Course Attended/Graduated

Income

Year _____	
Earned (Income, salary, commissions, fees, etc.)	US\$ _____
Rents Received	US\$ _____
Other Income	
_____	US\$ _____
_____	US\$ _____
_____	US\$ _____
_____	US\$ _____
Gross Income	US\$ _____

References

Please list three professional and character references (Name – Address – Phone No.)
1. _____
2. _____
3. _____
Please list three Credit References (Name – Address - Phone No. - Fax No)
1. _____
2. _____
3. _____
Bank References (Name-Address)
1. _____
2. _____
3. _____

Contingencies

<p>Do you have any conditional liabilities? _____ If so, please elaborate.</p>	<p>Are any of your assets pledged? _____</p> <p>Have you ever taken bankruptcy? _____</p> <p>Are you defendant in any law suits or legal action? _____</p>
--	--

FINANCIAL STATEMENT

(Please answer all questions using "no" or "none" where necessary. Attach additional sheets as needed.)

Assets

Cash on Hand (unrestricted in banks)
Other Stocks and Bonds
Real Estate
Automobiles, Registered in Own Name
Other Assets

Liabilities and Net Worth

Mortgages Payable on Real Estate
Other Liabilities (Itemize)
NET WORTH (In US\$)
TOTAL LIABILITIES and NET WORTH (In US\$)

In submitting the foregoing statement the undersigned guarantees its accuracy with the intent that it be relied upon in granting a franchise to the undersigned. The undersigned warrants that he/she has not knowingly withheld any information that might affect his/her credibility. The undersigned expressly agrees to notify **Cali-Poke franchisor entity** immediately, in writing, of any material change in his/her financial condition. It is expressly agreed that **Cali-Poke franchisor entity**, in granting a **Cali-Poke** franchise, may rely on this statement as having the same force and effect when deciding to grant additional franchise agreements and/or when deciding upon the renewal of existing franchise agreements.

The undersigned certifies that each part of the application and financial statements hereof and the information inserted herein has been carefully read and is true and correct.

Date: _____

Signature over Printed Name