



FRANCHISE APPLICATION

FRANCHISES AVAILABLE!

If you wish to be considered for a Flippers Pizzeria franchise, please complete all the data requested on this application, sign the last page, and return it to us.



Confidential Application

Completion of this application does not obligate you or Flippers Pizzeria in any way.

e-mail: franchiseinfo@flipperspizzeria.com • www.flipperspizzeria.com

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I. PERSONAL DATA

Your Name: Mr. Mrs. Ms. Dr. _____ Age: _____

Email: _____ Fax: _____

Spouse's Name: _____ Age: _____

Email: _____ Fax: _____

Home Address: _____ How Long: _____

City: _____ County: _____ State: _____ Zip Code: _____

Home Phone: _____ Best time to call: _____

Work Phone: _____ Best time to call: _____

Cellular Phone: _____ Best time to call: _____

Education (circle one):

Self 8 9 10 11 12 College: _____ Degree: _____ Major: _____

Spouse 8 9 10 11 12 College: _____ Degree: _____ Major: _____

II. EMPLOYMENT RECORD AND BUSINESS DATA (resume(s) may also be attached)

SELF: _____ SPOUSE: _____

Firm: _____ Firm: _____

Position/Title: _____ Position/Title: _____

Present Salary: _____ Date Started: _____ Present Salary: _____ Date Started: _____

How long have you been looking for a business? _____

What other businesses have you investigated? _____

Please choose the six to ten attributes which best describe you:

- | | | | | |
|-------------------------------------|-------------------------------------|--|--------------------------------------|--|
| <input type="radio"/> Amiable | <input type="radio"/> Controlling | <input type="radio"/> Flexible | <input type="radio"/> Independent | <input type="radio"/> Outgoing |
| <input type="radio"/> Bottom Line | <input type="radio"/> Diplomatic | <input type="radio"/> Focused | <input type="radio"/> Leader | <input type="radio"/> Persuasive |
| <input type="radio"/> Compassionate | <input type="radio"/> Direct | <input type="radio"/> Growth Oriented | <input type="radio"/> Loyal | <input type="radio"/> Reliable |
| <input type="radio"/> Competitive | <input type="radio"/> Eccentric | <input type="radio"/> Hard Working | <input type="radio"/> Money Oriented | <input type="radio"/> Results Driven |
| <input type="radio"/> Traditional | <input type="radio"/> Conservative | <input type="radio"/> Enthusiastic | <input type="radio"/> Impatient | <input type="radio"/> Open Minded |
| <input type="radio"/> Risk taker | <input type="radio"/> Understanding | <input type="radio"/> Considerate | <input type="radio"/> Enterprising | <input type="radio"/> Intuitive |
| <input type="radio"/> Opinionated | <input type="radio"/> Spontaneous | <input type="radio"/> Unique/Different | <input type="radio"/> Strong Willed | <input type="radio"/> Supportive Thinker |

III. FINANCIAL DATA

Present Financial Status (or attach current Financial Statement):

ASSETS

Cash on Hand & in Banks * \$ _____
Savings Funds/Certificates * \$ _____
Stocks, Bonds, & Securities * \$ _____
Retirement Plans, IRA, 401K \$ _____
Home Market Value \$ _____
Other Real Estate (Market Value) \$ _____
Personal Property \$ _____
Auto(s) Market Value \$ _____
Other Assets \$ _____ Describe _____

LIABILITIES

Notes Payable \$ _____
Revolving A/C Balances \$ _____
Credit Card Balances \$ _____
Home Mortgage Balance \$ _____
Other Real Estate Debt \$ _____
Auto Loans \$ _____
Other Debts (Describe) \$ _____

Total Assets \$ _____ Total Liabilities \$ _____

NET WORTH \$ _____ (Total Assets minus Total Liabilities)

Do you have sources of income other than salary? _____

If so, source and amount: _____

Your Monthly Expenses:

Home: \$ _____ Auto: \$ _____ Living: \$ _____ Other: \$ _____

Total Monthly Expenses: \$ _____

Financial Statement Notes: _____

Cash available for investment in this business: \$ _____

Are additional funds available to you? _____ Explain: _____

Do you plan to have a partner/investor? _____ Name of partner/investor: _____

If so, how involved will they be? _____

IV. BACKGROUND INFORMATION

Have you or your spouse 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 judgments against you or your spouse? _____

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

** Some verification of this information prior to awarding a franchise may be required.*

V. FUTURE PLANS

Are you seeking an individual franchise or multiple units (#)? _____

Area preferred (City, State): 1) _____ 2) _____ 3) _____
4) _____ 5) _____

When would you like your first franchise to open? _____

What are your reasons for going into your own business?

1) _____

2) _____

3) _____

What are some of the major questions you have concerning owning your own business?

1) _____

2) _____

3) _____

What skills and experience do you have that would give you the ability to be a success in this business?

Comments: _____

Do you know anyone who may be interested in the Flippers Pizzeria opportunity?

Name _____ City _____ Phone _____

I certify that, to the best of my knowledge, the information contained herein is accurate and complete. Flippers Pizzeria is hereby authorized to investigate my background as it pertains to qualification, business considerations, and status. This may include investigations of employment, personal and professional references, education, and information contained in public records including credit, criminal and motor vehicle data. I release all such persons and companies from any liability or damages from having furnished such information.

To verify records please provide the following information:

Applicant's Name (please print) First: _____ MI: _____ Last: _____

Spouse's Name (please print) First: _____ MI: _____ Last: _____

Applicant Signature _____ Date _____

Spouse's Signature _____ Date _____

Submit your completed Confidential Application: Fax to 941-954.8462
or mail to: 11321 Satellite Blvd. Orlando, FL 32837