
Applicant's Name

The Gutter Genie Company
Application for a Franchise



Confidential

This application does not obligate
either party in any manner.

I submit the following information as my complete and true personal and financial condition as of the date shown below. In accordance with the Privacy Act (5 U.S.C 552 a), Freedom of Information Act and The Fair Credit Reporting Act, I expressly authorize any past or present employer, any law enforcement agency, federal, state or local, or any person who has personal knowledge of my character, work experience or criminal records to release this information to The Gutter Genie Company. I understand and acknowledge that, as a condition of being considered for The Gutter Genie Company franchisee training program, I must submit to a credit history check to be performed by a credit reporting agency of The Gutter Genie's choice. I understand that the credit reporting agency will make the results of the credit history check available to The Gutter Genie Company' and that The Gutter Genie Company may use those results in determining whether I will be placed into the franchisee training program or remain in The Gutter Genie franchisee training program. If requested by The Gutter Genie Company, I agree to supply statements from my professional advisors (i.e., banker, broker, accountant or attorney) verifying the above assets, and I also agree to furnish copies of Federal Income Tax Returns as filed for the last five years. I understand that The Gutter Genie Company is relying upon all the above information as a material factor in considering my application to become a Gutter Genie franchisee, and I therefore agree to promptly notify The Gutter Genie Company of any material change in any of the above information or any subsequent information provided to The Gutter Genie Company. In addition, I release all persons from liability as a result of true, accurate information. I also certify that neither I nor any of my funding sources, is or has ever been a terrorist or suspected terrorist, or a person or entity described in Section 1 of U.S. Executive Order 13224, issued September 23, 2001, as such persons and entities are further described at the Internet website www.ustreas.gov/offices/enforcement/ofac. I agree to comply with and/or to assist The Gutter Genie Company to the fullest extent possible in The Gutter Genie Company's efforts to comply with the above law.

Signature (Applicant)

Date

Signature (Spouse)

Date

PERSONAL INFORMATION

Name	Home phone	Business phone
Residence	May we contact you at your business phone?	
City	E-Mail Address	
State/Zip Code	Social Security number	Date of Birth
Spouse's name	Spouse's social security number	Names and ages of children
Have you ever been convicted of anything other than minor traffic violations? Has any judgment ever been entered against you or your company or your employer where you were one of the litigants? Are you involved in pending litigation? If yes, explain.		
Have you or your spouse ever declared personal bankruptcy? If yes, explain.		
Of which country are you a citizen?		

EDUCATION

Last year of school completed	Name of college and/or postgraduate school	Degree
Describe any training in sales, management or retailing		

BUSINESS EXPERIENCE

Present Occupation	Position	Dates employed
Company	Address	
Describe duties, number of employees supervised and responsibilities		

Previous business experience (List most recent first.)

Occupation	Position	Dates Employed	Reason left
Company	Address		
Describe duties, number of employees supervised and responsibilities			

Occupation	Position	Dates Employed	Reason left
Company	Address		
Describe duties, number of employees supervised and responsibilities			

Have you ever owned your own business or franchise? If so, explain.

Have you ever had a business failure? If so, explain.	Address
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PERSONAL FINANCIAL STATEMENT

INCOME STATEMENT FOR 12 MONTH PERIOD ENDING _____

Salary, wages, bonus, commissions	\$
Dividends, interest	
Other income - specify source, e.g., business profits (self-employed), trust, spouse, etc.	
TOTAL	\$

Please provide details on the following asset verification schedules (schedule numbers in parentheses).

Assets	
Cash on hand and in banks	\$
Vested profit sharing	
Securities, bonds/debentures (1)	
Notes, accounts and mortgages receivable (2)	
Real estate-current market value (6)	
Net value of business interests (7)	
Other-automobiles and other personal property, etc. (4)	
Total assets	

Liabilities	
Loans/notes/accounts payable (3)	\$
Real estate mortgages (6)	
Other debts or obligations (5)	
Total liabilities	
Net Worth	\$
Total liabilities and net worth	\$

ASSET VERIFICATION SCHEDULES

(1) Listed securities, bonds/debentures

No. shares	Description	Pledged (yes/no)	Current mkt. value
TOTAL			\$

(2) Notes/accounts/mortgages receivable

Debtor	Relation to applicant	Nature of debt	Maturity date	Original face value	Monthly payment	Present balance
Total						\$

(3) Loans/notes/accounts/bills payable (excluding mortgages)

Lender	Relation to applicant	Nature of debt	Secured yes/no	Maturity date	Original face value	Monthly payments	Interest rate	Present balance
Total								\$

(4) Other assets

(e.g. stock options, cash value of life insurance, automobiles and other personal property, etc.)

Description	Current fair market value
Total	\$

(5) Other debts and liabilities

(e.g. insurance loans, alimony, child support, leases, contracts, legal claims, judgments, chattel mortgages, taxes, co maker or guarantor, etc.)

Obligee	Description	Amount
Total		\$

ASSET VERIFICATION SCHEDULES - Continued

(6) Real estate

Address and description of property (residential, rental, vacant)	Date acquired	Title in name(s) of	Original cost	Original mortgage amount	Mo. Payments (incl. taxes, assessments)	Current market value	Current mortgage balance	Net value
Total						\$	\$	\$

(7) Business Interests

Name and address of business	Description	Names of all owners	Type (partner, corp., sole)	Relation to applicant	Percent equity	Buy/sell agreement yes/no	Valuation method	Net value your interest
Total								\$

Does your spouse or another person have any interest in any of the above assets? If yes, please explain and list assets.

Have any of the above assets been acquired by you as a gift? If yes, specify assets, from whom and when.

MISCELLANEOUS INFORMATION

List any hobbies, community activities, special interests or other pertinent information

Are you related by blood to any officer of Gutter Genie? Name Relationship

Are you or your employer providing products, goods or services to Gutter Genie or franchises of Gutter Genie? If yes, please attach detailed information.

Will you devote your full time to this business?

The flexibility to relocate may be required. To which general geographic area(s) would you be willing to relocate for a business opportunity (i.e. Northwest, Southwest, Midwest, Northeast, Southeast)?

Have you ever worked at Gutter Genie? If so, where and when?

Have you ever applied for a Gutter Genie franchise? If so, where and when?

Personal references (other than employers or relatives)

Name in full	Address	Occupation	Years known