



FRANCHISE APPLICATION FORM

Kindly fill-up all information needed in this Franchise Application Form, only fully-accomplished forms will be evaluated. Submission of this Franchise Application Form does not bind the applicant or the company by any means whatsoever. All information will be treated with strict confidentiality.

Name: _____ Mobile Phone No.: _____

Address: _____

E-mail Address: _____ Residence Telephone No.: _____

Driver's License No.: _____ Social Security No.: _____

YOUR PIZZA PEDRICO'S EXPERIENCE

Where did you learn about Pizza Pedrico's? _____

Have you tried Pizza Pedrico's? _____

What can you say about Pizza Pedrico's? _____

BUSINESS BACKGROUND

Present Employment

Company Name: _____

Position: _____

Address: _____

Employed from: _____ to: _____

Annual Salary: _____

Supervisor: _____

Telephone No.: _____

Number of employees supervised: _____

May we contact your present employer? () YES () NO

May we contact you at your business? () YES () NO

Education: (Degrees earned, years completed, name and location of school)

Business Interests:

Are you currently connected to a food cart business or any other business venture? () YES () NO

If yes, kindly describe your involvement with the said business.



How much cash will you personally invest for the franchise? _____

Funding Source: Savings: _____ %
 Partners/Investors: _____ %
 Loans: _____ %
 Others: (please specify: _____) _____ %
 Total: _____ 100 %

Will you have business partner(s)? () YES () NO

If yes, who will be in-charge of day-to-day operations?

To what extent will be the partner-in-charge get involved with the day-to-day business operations?

Please list the name of your business partners:

Name	Estimated Net Worth	% Investment	Proposed Investment
1) _____			
2) _____			
3) _____			

Are the partners involved in other food cart or any business activities? (please describe)

Will the operating partner receive income from any source other than the franchise?

Where are you planning to put-up your franchise business? (kindly provide pictures and sketch of the proposed location)

PERSONAL DETAILS

Date of Birth: _____ Marital Status: _____

Spouse's Name: _____ Spouse's Occupation: _____

Spouse's Date of Birth: _____ Spouse's Social Security No.: _____

Number of Dependents: _____ Age of Dependents: _____

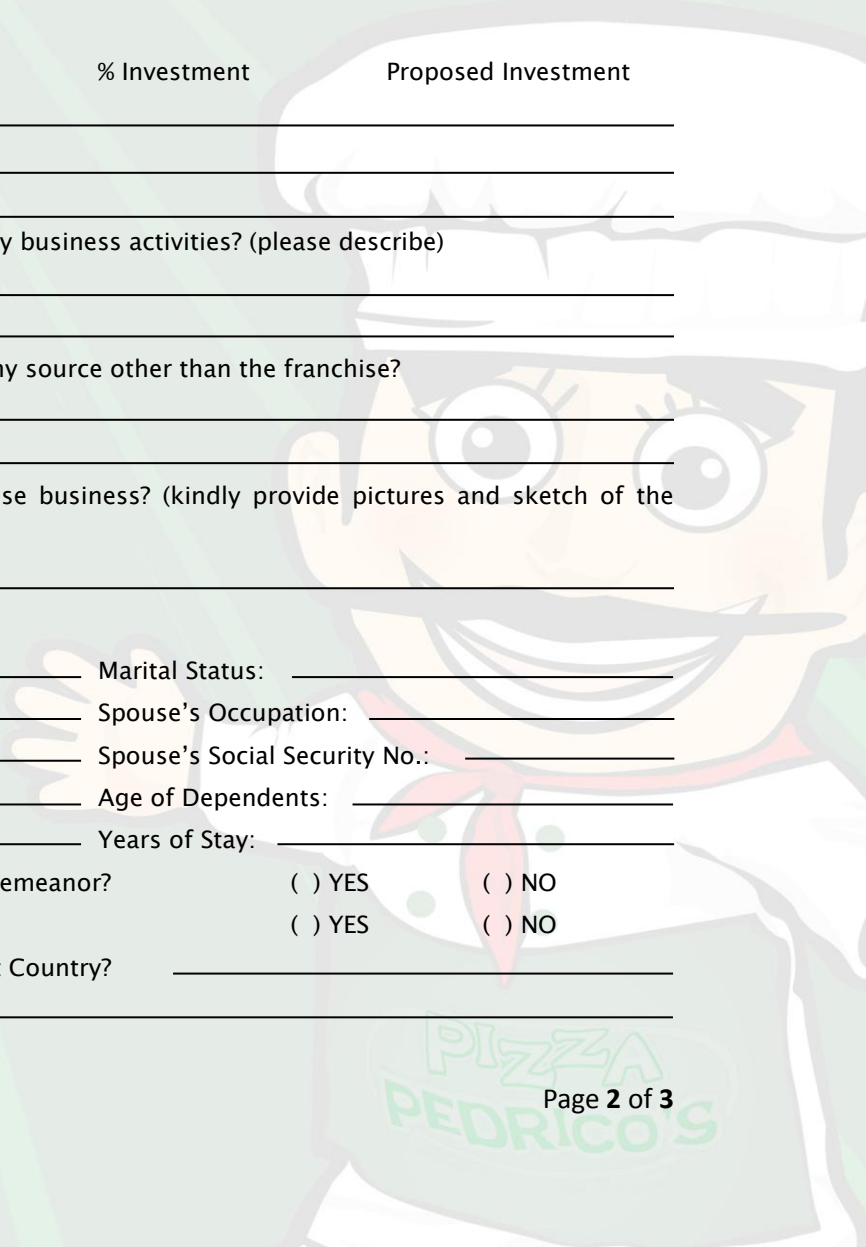
Citizenship: _____ Years of Stay: _____

Have you ever been convicted of a felony or misdemeanor? () YES () NO

Have you ever filed for bankruptcy? () YES () NO

Do you have permanent residence rights? In what Country? _____

Immigration Status (if applicable): _____





REFERENCES

A. BUSINESS (e.g. suppliers, contractors, fellow retailers)

NAME	ADDRESS	TEL. No.
_____	_____	_____
_____	_____	_____
_____	_____	_____

B. CREDIT (preferably a credit company or bank)

NAME	ADDRESS	TEL. No.
_____	_____	_____
_____	_____	_____
_____	_____	_____

C. PERSONAL

NAME	ADDRESS	TEL. No.
_____	_____	_____
_____	_____	_____
_____	_____	_____

Note: Separate application form and financial statement are required of each partner / owner.

I certify that all the information written on this Franchise Application Form is true and correct. I also authorize the company to conduct a character and credit inquiry whenever necessary. Omission of key details which may have a direct impact on the decision for the application will be considered grounds for termination of dealership in the future.

Dated: _____, 20 ____

Applicant Name: _____ Signature: _____

Spouse Name: _____ Signature: _____

Please email to franchiseNOW@pizzapedricos.com or fax to 711-8101 loc.18 attention to Franchise Dept.

