



# Doorologist Franchising, L.L.C.

E-mail [info@doorologist.com](mailto:info@doorologist.com)

## CONFIDENTIAL FRANCHISE APPLICATION

Please complete and return this following application. All information will be held in strict confidence. **We will not contact your present employer.**

**THIS IS NOT A CONTRACT AND DOES NOT INCUR AN OBLIGATION ON EITHER PARTY.**

### PERSONAL APPLICANT INFORMATION:

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

(First) \_\_\_\_\_ (M.I.) Address \_\_\_\_\_ (Last) \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 City \_\_\_\_\_

Own home? \_\_\_\_\_ How Long? \_\_\_\_\_

Telephone Numbers: Day ( \_\_\_\_\_ ) Evening ( \_\_\_\_\_ )  
 Fax( \_\_\_\_\_ ) Email \_\_\_\_\_

Social Security Number \_\_\_\_\_

### EDUCATIONAL BACKGROUND:

University or College(s) Attended \_\_\_\_\_

Type of Degree \_\_\_\_\_ Major \_\_\_\_\_ Year Graduated \_\_\_\_\_

### EMPLOYMENT:

Your **Current** Employment Title/Position \_\_\_\_\_ Type of Business \_\_\_\_\_

Salary\_ \_\_\_\_\_  
 Length of Employment \_\_\_\_\_

Your **Previous** Employment Title/Position \_\_\_\_\_ Type of Business \_\_\_\_\_

Salary\_ \_\_\_\_\_  
 Length of Employment \_\_\_\_\_

Spouse's Current Employment Title/Position \_\_\_\_\_ Type of Business \_\_\_\_\_

Salary\_ \_\_\_\_\_  
 Length of Employment \_\_\_\_\_

Have you ever owned or operated a business? Yes\_ Full-time PART-time No  
 If yes, explain \_\_\_\_\_

**GENERAL INFORMATION:**

In terms of purchasing a business I am Mildly Interested \_\_\_\_\_ Very Interested \_\_\_\_\_ Ready to Purchase \_\_\_\_\_

Do you have any experience in carpentry, commercial doors, construction, and related industry?

Who will run your business? Self \_\_\_ Spouse \_\_\_ Son/Daughter \_\_\_ Partner \_\_\_ Other \_\_\_

Name(s) of those checked above \_\_\_\_\_

Will you be running this business on a full-time basis? Yes \_\_\_ No \_\_\_

How did you **first** become aware of our franchise? Friend/Associate \_\_\_\_\_ Magazine Ad \_\_\_\_\_ Web Site \_\_\_\_\_

Newspaper \_\_\_\_\_ Existing Franchise \_\_\_\_\_ Mailer \_\_\_\_\_ Other \_\_\_\_\_

**STATEMENT of APPLICANTS FINANCIAL CONDITION:**

(Fill in all blanks, writing "NO" or "NONE" where necessary to complete information)

**LIABILITIES & NET WORTH**

Cash in Banks

**ASSETS**

\$

Notes Due Banks&Others

\$

Notes\$ Accts Rec.

\$

Charge Accounts

\$

Stocks&Bonds

\$

Taxes Payable

\$

Life Ins. Cash Value

\$

Auto Loans

\$

Total Current

Assets

\$

Total Current Liabilities

\$

Automobiles

\$

Real Estate Mortgages

\$

Real Estate Owned

\$

Other Liabilities

\$

Other Assets

\$

Total Non-Current Liabilities

\$

Total Liabilities

\$

IRAs

\$

Total Non-Current Assets  
\$

Net Worth  
\$

Total Assets  
\$

Total Liabilities & Net Worth  
\$

Have you ever been convicted of a felony? Yes \_\_\_\_\_ No \_\_\_\_\_  
o \_\_\_\_\_ If yes, explain

Have you ever filed bankruptcy? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes,  
explain

**FRANCHISE LOCATION:**

In what territory or area would you like to establish your Doorologist Franchise?

1st Choice \_\_\_\_\_

2nd Choice \_\_\_\_\_

Do you live in the territory above? \_\_\_\_\_

Please use the space below to indicate your goals and objectives in establishing your business:

Please describe skills and business experience:

The undersigned authorizes Doorologist Franchising, LLC. to obtain credit information and authorizes the release of such information for the exclusive and confidential use of Doorologist Franchising, LLC.

Signature \_\_\_\_\_

Date \_\_\_\_\_