

# Freddy's Frozen Custard – Franchise Application

260 N. Rock Road, Suite 200, Wichita, KS 67226 ~ Telephone (316) 719-7850 ~ Fax (316) 719-7801



The information on this application will be treated discreetly. Neither the applicant nor Freddy's Frozen Custard is obligated in any way by submission of this application. If necessary, attach additional sheets. Please keep a copy for your files.

(Please print or type) Date: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Name: \_\_\_\_\_ Preferred Tele #: \_\_\_\_\_  
*Last First Middle Cell - Work - Home (Please circle)*

Spouse: \_\_\_\_\_ Preferred Tele #: \_\_\_\_\_  
*Last First Middle Cell - Work - Home (Please circle)*

Address: \_\_\_\_\_  
 \_\_\_\_\_ City State Zip Code

**Territory Preferences:** Please be as specific as possible:

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

**PERSONAL INFORMATION**

Date of Birth: \_\_\_\_\_ Marital Status: Single/Married (Circle) Are you a citizen of the United States YES / NO  
 If "No", what country? \_\_\_\_\_

Home: Own: \_\_\_\_\_ Rent: \_\_\_\_\_ How Long? \_\_\_\_\_

Last Residence: \_\_\_\_\_ How Long? \_\_\_\_\_

**BUSINESS EXPERIENCE**

**Current Employment:** \_\_\_\_\_  
*Position Company Address Phone*

How Long? Years: \_\_\_\_\_ Months: \_\_\_\_\_ Current Annual Salary: \_\_\_\_\_

Supervisor: Title: \_\_\_\_\_ May we contact? \_\_\_\_\_

**Previous Employment:** \_\_\_\_\_  
*Position Company Address Phone*

How Long? Years: \_\_\_\_\_ Months: \_\_\_\_\_ Previous Annual Salary: \_\_\_\_\_

Supervisor: Title: \_\_\_\_\_ May we contact? \_\_\_\_\_

**Current Employment (Spouse):** \_\_\_\_\_  
*If Applicable Position Company Address Phone*

How Long? Years: \_\_\_\_\_ Months: \_\_\_\_\_ Current Annual Salary: \_\_\_\_\_

**Previous Employment:** \_\_\_\_\_  
*Position Company Address Phone*

How Long? Years: \_\_\_\_\_ Months: \_\_\_\_\_ Previous Annual Salary: \_\_\_\_\_

**Annual Total Income (All Sources):** \$ \_\_\_\_\_ (Please attach copies of tax returns for the last two years)

**EDUCATION**

Circle last year of school completed: High School 1 – 2 – 3 – 4 College 1 – 2 – 3 – 4 Graduate Studies 1 – 2 – 3 – 4

If college graduate, provide name of school: \_\_\_\_\_ Year graduated \_\_\_\_\_ Major \_\_\_\_\_

Describe any training in sales, management, retailing or postgraduate study: \_\_\_\_\_

Hobbies, or outside interests you'd like to share: \_\_\_\_\_

Memberships (civic, business, professional): \_\_\_\_\_

**BUSINESS INFORMATION**

1. How did you hear about FREDDY’S? \_\_\_\_\_
2. Were you referred by someone connected to Freddy’s? \_\_\_\_\_ If Yes, who? \_\_\_\_\_
3. Have you ever owned a franchise? \_\_\_\_\_ If yes, give name(s) of franchise: \_\_\_\_\_
4. Are you still involved with this franchise: \_\_\_\_\_ If not, why not? \_\_\_\_\_
5. How much time do you anticipate devoting to the Freddy’s franchise? \_\_\_\_\_
6. Do you regard this franchise as a career choice, or as an investment? \_\_\_\_\_
7. If you anticipate owning & operating a Freddy’s franchise, please describe your multi-unit restaurant experience (use additional sheets if necessary): \_\_\_\_\_
8. If you will not be involved in the daily operations of the restaurants will your operator have an equity position in the Freddy’s franchise? \_\_\_\_\_. Please explain: \_\_\_\_\_
9. Are you applying as an Individual, Partnership or Corporation (circle one)?
10. Do you represent (individually or collectively) capital sufficient to commit to a multi-store development agreement? \_\_\_\_\_  
If No, please explain: \_\_\_\_\_
11. Do you have a business plan (if yes, please attach a copy)? \_\_\_\_\_
12. Do you have specific background and/or experience that you would like us to consider during our evaluation? \_\_\_\_\_  
Explain: \_\_\_\_\_
13. Have you ever filed for bankruptcy? \_\_\_\_\_ If yes, please give date and details: \_\_\_\_\_

**REFERENCES AND FINANCIAL INFORMATION**

Bank Reference:

1. \_\_\_\_\_  
Name Address Acct. # Contact Phone
2. \_\_\_\_\_  
Name Address Acct. # Contact Phone

Business Reference:

1. \_\_\_\_\_  
Name Address Occupation Contact Phone
2. \_\_\_\_\_  
Name Address Occupation Contact Phone

Personal Reference:

1. \_\_\_\_\_  
Name Address Occupation Contact Phone
2. \_\_\_\_\_  
Name Address Occupation Contact Phone

Assets:	Current Date ____
Cash on Hand (unrestricted in banks)	
Savings, Funds and certificates, etc.	
Accounts and Loans receivable	
Home – Fair market Value (Location _____)	
Other real estate	
Life insurance (cash surrender value)	
Other stocks and bonds	
Equity in business ventures – liquid (Note 1)	
Other assets (itemize) (Note 1)	
<b>TOTAL ASSETS:</b>	\$

Liabilities and Net Worth	Current Date ____
Notes payable to Bank	
Notes payable to others	
Loans against life insurance	
Accounts payable	
Mortgages payable on real estate	
Home	
Other	
Other liabilities (Note 2)	
<b>Total Liabilities</b>	\$
<b>TOTAL NET WORTH</b> (assets minus liabilities)	\$

Note 1 – If you own a majority interest in a business, please attach copies of *financial* statements for current and prior years.  
 Note 2 – Please list guarantees and/or other contingent liabilities.

**Applicant please read and sign:**

The undersigned certifies that the information supplied on this personal financial statement and any financial information submitted on other forms is true and correct. Also, please submit Tax Returns for the previous 2 years, and processing of this application will not begin until information is complete and submitted.

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

THIS INFORMATION IS NOT INTENDED AS AN OFFER TO SELL, OR THE SOLICITATION OF AN OFFER TO BUY A FRANCHISE. IT IS FOR INFORMATION PURPOSES ONLY. SEVERAL STATES REGULATE THE OFFER AND SALE OF FRANCHISES, AND THEREFORE MAY REQUIRE ADDITIONAL INFORMATION FROM US. IF YOU ARE A RESIDENT, OR DESIRE A FRANCHISE IN ONE OF THESE STATES, WE WILL NOT OFFER YOU A FRANCHISE UNLESS AND UNTIL WE HAVE COMPLIED WITH APPLICABLE PRESALE REGISTRATION AND DISCLOSURE REQUIREMENTS IN YOUR JURISDICTION.