



## Franchisee Application-Exhibit B

### Personal & Financial Profile

Note: This form, when completed, is an essential part of Salisbury Tutoring Academy Franchise Group, LLC's consideration in granting a franchise and a license. Please print or type and give specific answers to all questions. The completion of this form places no continuing obligation on Salisbury Tutoring Academy Franchise Group, LLC or on the applicant. The information obtained by Salisbury Tutoring Academy Franchise Group, LLC will be held in strict and complete confidence and will not be released or disseminated to any third persons, and is strictly for evaluation purposes by Salisbury Tutoring Academy Franchise Group, LLC to determine if Salisbury Tutoring Academy Franchise Group, LLC desires to franchise its system to you.

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Telephone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cellular \_\_\_\_\_  
How Long at This Address? \_\_\_\_\_  
Previous Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
How Long at This Address? \_\_\_\_\_  
Business Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Email  
address \_\_\_\_\_

### Personal Information

Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_  
Marital Status \_\_\_\_\_ single \_\_\_\_\_ married; if married, will spouse be active in  
franchise? \_\_\_\_\_ yes \_\_\_\_\_ no  
Name of Spouse \_\_\_\_\_ Social Security Number \_\_\_\_\_

Number of Children \_\_\_\_\_ Names and ages \_\_\_\_\_

Will any of the children be active in the franchise? \_\_\_\_\_ yes \_\_\_\_\_ no  
Number of other dependents \_\_\_\_\_ Names and ages \_\_\_\_\_

Physical Condition

Present State of Health \_\_\_\_\_  
Handicaps or Physical Limitations \_\_\_\_\_

Time Lost from Work Due to Illness (please give details)

Education

High School

Name of School \_\_\_\_\_  
Address \_\_\_\_\_

Courses Majored In \_\_\_\_\_  
Last Year Completed \_\_\_\_\_ (1) \_\_\_\_\_ (2) \_\_\_\_\_ (3) \_\_\_\_\_ (4)

Graduate? \_\_\_\_\_ yes \_\_\_\_\_ no  
Scholastic Standing \_\_\_\_\_ top 25% \_\_\_\_\_ middle 50% \_\_\_\_\_ low 25%

Favorite Subjects \_\_\_\_\_  
Least Liked Subjects \_\_\_\_\_

Offices \_\_\_\_\_

held/awards \_\_\_\_\_

College

Name of School \_\_\_\_\_  
Address \_\_\_\_\_

Courses Majored In \_\_\_\_\_  
Last Year Completed \_\_\_\_\_ (1) \_\_\_\_\_ (2) \_\_\_\_\_ (3) \_\_\_\_\_ (4)

Graduate? \_\_\_\_\_ yes \_\_\_\_\_ no  
Scholastic Standing \_\_\_\_\_ top 25% \_\_\_\_\_ middle 50% \_\_\_\_\_ low 25%

Favorite Subjects \_\_\_\_\_  
Least Liked Subjects \_\_\_\_\_

Offices \_\_\_\_\_

held/awards \_\_\_\_\_

Business or Trade School

Name of School \_\_\_\_\_  
Address \_\_\_\_\_

Courses Majored In \_\_\_\_\_  
Last Year Completed \_\_\_\_\_ (1) \_\_\_\_\_ (2) \_\_\_\_\_ (3) \_\_\_\_\_ (4)

Graduate? \_\_\_\_\_ yes \_\_\_\_\_ no  
Scholastic Standing \_\_\_\_\_ top 25% \_\_\_\_\_ middle 50% \_\_\_\_\_ low 25%

Favorite Subjects \_\_\_\_\_

Least Liked Subjects \_\_\_\_\_  
Offices \_\_\_\_\_  
held/awards \_\_\_\_\_

Other

Name of School \_\_\_\_\_  
Address \_\_\_\_\_  
Courses Majored In \_\_\_\_\_  
Last Year Completed \_\_\_\_\_ (1) \_\_\_\_\_ (2) \_\_\_\_\_ (3) \_\_\_\_\_ (4)  
Graduate? \_\_\_\_\_ yes \_\_\_\_\_ no  
Scholastic Standing \_\_\_\_\_ top 25% \_\_\_\_\_ middle 50% \_\_\_\_\_ low 25%  
Favorite Subjects \_\_\_\_\_  
Least Liked Subjects \_\_\_\_\_  
Offices \_\_\_\_\_  
held/awards \_\_\_\_\_

What portion of college expenses did you earn? \_\_\_\_\_

Military Service

Branch of Service \_\_\_\_\_ Length of Service \_\_\_\_\_  
Rank at Time of Discharge \_\_\_\_\_  
Citations or Awards \_\_\_\_\_  
\_\_\_\_\_

Work History

Present Employer \_\_\_\_\_  
Type of Business \_\_\_\_\_  
Address \_\_\_\_\_  
Position \_\_\_\_\_ Employed since \_\_\_\_\_  
Name of Supervisor \_\_\_\_\_ Telephone Number \_\_\_\_\_  
Major Duties \_\_\_\_\_  
\_\_\_\_\_  
Salary \_\_\_\_\_

Previous Employer \_\_\_\_\_  
Type of Business \_\_\_\_\_  
Address \_\_\_\_\_  
Position \_\_\_\_\_ Year began/year left \_\_\_\_\_  
Name of Supervisor \_\_\_\_\_ Telephone Number \_\_\_\_\_  
Major Duties \_\_\_\_\_  
\_\_\_\_\_  
Salary \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

Previous Employer \_\_\_\_\_  
Type of Business \_\_\_\_\_  
Address \_\_\_\_\_  
Position \_\_\_\_\_ Year began/year left \_\_\_\_\_

Name of Supervisor \_\_\_\_\_ Telephone Number \_\_\_\_\_

Major Duties \_\_\_\_\_

Salary \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

#### Business Experience

Have you ever owned your own non-franchise business? \_\_\_\_\_ yes \_\_\_\_\_ no

If yes, give details

Type of Business \_\_\_\_\_

Address \_\_\_\_\_

Term of Ownership \_\_\_\_\_

Reason for Termination \_\_\_\_\_

Have you ever owned your own franchise business? \_\_\_\_\_ yes \_\_\_\_\_ no

If yes, give details

Name of Franchise \_\_\_\_\_

Type of Business \_\_\_\_\_

Address \_\_\_\_\_

Term of Ownership \_\_\_\_\_

Reason for Termination \_\_\_\_\_

#### Financial Information

##### Banking Activity

Bank Name \_\_\_\_\_ Type of Account \_\_\_\_\_

Address \_\_\_\_\_

Contact Name \_\_\_\_\_ Telephone \_\_\_\_\_

Bank Name \_\_\_\_\_ Type of Account \_\_\_\_\_

Address \_\_\_\_\_

Contact Name \_\_\_\_\_ Telephone \_\_\_\_\_

Bank Name \_\_\_\_\_ Type of Account \_\_\_\_\_

Address \_\_\_\_\_

Contact Name \_\_\_\_\_ Telephone \_\_\_\_\_

Bank Name \_\_\_\_\_ Type of Account \_\_\_\_\_

Address \_\_\_\_\_

Contact Name \_\_\_\_\_ Telephone \_\_\_\_\_

#### Assets

Cash on Hand and Unrestricted in Banks (give account number and bank name, address, and telephone number with approximate balance) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Stocks \_\_\_\_\_

\_\_\_\_\_  
Bonds \_\_\_\_\_

\_\_\_\_\_  
Certificate of Deposit (give current value, date of maturity, financial institution,  
address, telephone number etc.) \_\_\_\_\_

\_\_\_\_\_  
Life Insurance

\_\_\_\_\_  
Vested Retirement Plans \_\_\_\_\_

\_\_\_\_\_  
Accounts, Notes & Loans Receivable \_\_\_\_\_

\_\_\_\_\_  
Personal Possessions (give details and current values) \_\_\_\_\_

\_\_\_\_\_  
Other Assets \_\_\_\_\_

Real Estate

Type of Property \_\_\_\_\_

Address \_\_\_\_\_

Original Cost \_\_\_\_\_

Market Value \_\_\_\_\_

Mortgages/ Liens \_\_\_\_\_

\_\_\_\_\_  
Monthly Payments \_\_\_\_\_

Liabilities

(Give account number, current balances, monthly payments, financial institution, address,  
phone number and contact name)

Notes Payable to Banks or Others \_\_\_\_\_

\_\_\_\_\_  
Mortgages/Deeds of Trust Payable

\_\_\_\_\_  
Accounts, Notes, & Loans Payable to Others \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
Other Liabilities \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you a cosigner, guarantor or endorser on the obligation of any other person?

\_\_\_\_\_yes \_\_\_\_\_no

If yes, explain: \_\_\_\_\_  
\_\_\_\_\_

List any contingent liabilities not listed including leases: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Annual Income

Salary \_\_\_\_\_

Spouse's Salary \_\_\_\_\_

Bonus & Commissions \_\_\_\_\_

Interest \_\_\_\_\_

Dividends \_\_\_\_\_

Other Income \_\_\_\_\_

Do you have any arrangements or commitments, contractual or otherwise, that may interfere with your becoming a franchisee? If yes, explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you, or any business entity in which you have owned an interest, ever been involved in bankruptcy, insolvency proceedings, or compromise with creditors?

\_\_\_\_\_yes \_\_\_\_\_no

If yes, explain: \_\_\_\_\_  
\_\_\_\_\_

Are you a party, either as plaintiff or defendant, to any lawsuits or legal proceedings?

\_\_\_\_\_yes \_\_\_\_\_no

If yes, explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever been convicted of any crimes other than minor traffic offenses?

\_\_\_\_\_yes \_\_\_\_\_no

If yes, explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other Parties Involved in This Business

Name \_\_\_\_\_ Occupation \_\_\_\_\_  
Address \_\_\_\_\_  
Percent of Ownership \_\_\_\_\_ Telephone \_\_\_\_\_  
Will partner/associate devote full time to business? \_\_\_\_\_yes \_\_\_\_\_no

List additional partners/associates

Name \_\_\_\_\_ Occupation \_\_\_\_\_  
Address \_\_\_\_\_  
Percent of Ownership \_\_\_\_\_ Telephone \_\_\_\_\_  
Will partner/associate devote full time to business? \_\_\_\_\_yes \_\_\_\_\_no

Name \_\_\_\_\_ Occupation \_\_\_\_\_  
Address \_\_\_\_\_  
Percent of Ownership \_\_\_\_\_ Telephone \_\_\_\_\_  
Will partner/associate devote full time to business? \_\_\_\_\_yes \_\_\_\_\_no  
(Note: All partners must fill out one of these forms. PLeast indicate who will be operating partners and who will not.)

Credit References

Company Name \_\_\_\_\_  
Address \_\_\_\_\_  
Person to Contact \_\_\_\_\_ Phone \_\_\_\_\_  
Account Number \_\_\_\_\_ Balance \_\_\_\_\_

Company Name \_\_\_\_\_  
Address \_\_\_\_\_  
Person to Contact \_\_\_\_\_ Phone \_\_\_\_\_  
Account Number \_\_\_\_\_ Balance \_\_\_\_\_

Company Name \_\_\_\_\_  
Address \_\_\_\_\_  
Person to Contact \_\_\_\_\_ Phone \_\_\_\_\_  
Account Number \_\_\_\_\_ Balance \_\_\_\_\_

Personal/Business References

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Occupation \_\_\_\_\_ Telephone \_\_\_\_\_  
Relationship \_\_\_\_\_ How Long? \_\_\_\_\_  
\_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Occupation \_\_\_\_\_ Telephone \_\_\_\_\_

Relationship \_\_\_\_\_ How Long?  
\_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Occupation \_\_\_\_\_ Telephone \_\_\_\_\_

Relationship \_\_\_\_\_ How Long?  
\_\_\_\_\_

I authorize Salisbury Tutoring Academy Franchise Group, LLC to make investigations of my credit, character and ability, to contact any persons, whether or not listed above, including former employees, in order to obtain personal information about me. I release all such persons from any and all liability or damages that may be incurred as a result of such an inquiry or the furnishing of such information. I also certify that the information given above on this statement is true and complete. I will provide additional information if needed to complete this application.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please fill out completely and mail to  
Salisbury Tutoring Academy  
818 Corporate Circle  
Salisbury, NC 28147

Or Fax to 704-633-8206

Or Email to [staltd@vnet.net](mailto:staltd@vnet.net)