THIS FORM WILL HELP YOU PREPARE AND PRESENT PERSONAL INFORMATION FOR THE CONFIDENTIAL USE OF OUR FRANCHISEE APPROVAL COMMITTEE. PLEASE COMPLETE IT IN AS MUCH DETAIL AS POSSIBLE. COMPLETING AND SUBMITTING THIS REPORT PLACES NO CONTINUING OBLIGATION ON GATEWAY HEALTHCARE FRANCHISING TO OFFER AN AGREEMENT NOR DOES IT OBLIGATE YOU TO PURCHASE A GATEWAY HEALTHCARE FRANCHISE.

NAME | SOCIAL SECURITY NUMBER | BIRTHDATE

NAME OF SPOUSE | SOCIAL SECURITY NUMBER | BIRTHDATE

ADDRESS | CITY | STATE | ZIP

HOME PHONE | CELL PHONE

EMAIL ADDRESS

BEST TIME TO CALL YOU? | WHICH NUMBER?

PERSONAL CONFIDENTIAL INFORMATION

MARITAL STATUS ☐ SINGLE ☐ SEPARATED ☐ MARRIED ☐ DIVORCED | NUMBER OF DEPENDENTS | AGES

HAVE YOU EVER FILED FOR BANKRUPTCY? | IF YES, GIVE DETAILS

DO YOU RENT OR OWN YOUR HOME? | MONTHLY PAYMENT?

HOW LONG HAVE YOU LIVED AT THIS ADDRESS? | CITIZENSHIP?

HAVE YOU EVER OWNED A BUSINESS? | IF YES, GIVE DETAILS

TYPE OF BUSINESS? | HOW LONG?

ANNUAL INCOME? | SOLD / CLOSED / STILL OWN?

EMPLOYMENT/BUSINESS EXPERIENCE HISTORY (LAST 5 YEARS) (ATTACH SEPARATE SHEET IF NECESSARY)

COMPANY NAME (CURRENT) | BUSINESS PHONE | ANNUAL SALARY

ADDRESS | CITY | STATE | ZIP

DATE OF EMPLOYMENT (MONTH/YEARS) | POSITION/TITLE | WORK PERFORMED

WILL YOU BE LEAVING THIS JOB TO OPERATE YOUR BUSINESS?

COMPANY NAME (PREVIOUS) | BUSINESS PHONE | ANNUAL SALARY

ADDRESS | CITY | STATE | ZIP

DATE OF EMPLOYMENT (MONTH/YEARS) | POSITION/TITLE | WORK PERFORMED

BUSINESS REFERENCES

NAME (1) | PHONE | YEARS KNOWN

ADDRESS | CITY | STATE | ZIP

NAME (2) | PHONE | YEARS KNOWN

ADDRESS | CITY | STATE | ZIP

BUSINESS REFERENCES

HOW DID YOU BECOME INTERESTED IN OWNING A GATEWAY HEALTHCARE FRANCHISE?

WHAT ARE YOUR PRIMARY REASONS FOR WANTING TO OWN A FRANCHISE?

WHAT ARE YOUR PRIMARY CONCERNS ABOUT OWNING A BUSINESS?

WHERE WOULD YOU LIKE TO OPERATE YOUR BUSINESS? (CITY, STATE)

WHEN WOULD YOU LIKE TO OPEN THE BUSINESS?

WILL ANY RELATIVES BE INVOLVED IN YOUR BUSINESS? IF YES, PLEASE PROVIDE INFO BELOW.

PARTNER'S NAME

PARTNER'S PHONE

WILL ANY RELATIVES BE INVOLVED IN YOUR BUSINESS? IF YES, PLEASE PROVIDE INFO BELOW.

NAME

RELATIONSHIP

WHAT LANGUAGES DO YOU SPEAK? IF YES, HOW MANY?

HAVE YOU EVER MANAGED EMPLOYEES?

IF YES, HOW MANY?

COMPUTER KNOWLEDGE	☐ NONE	☐ A LITTLE BIT	☐ GOOD	☐ ADVANCED
FINANCIAL MANAGEMENT SKILLS	☐ NONE	☐ A LITTLE BIT	☐ GOOD	☐ ADVANCED

OUR STORES HAVE THREE MAIN MANAGEMENT COMPONENTS - OPERATIONS, SALES, MANAGEMENT

WHICH ARE YOU MOST COMFORTABLE WITH?

CURRENT CLUBS, ASSOCIATIONS, TRADE GROUPS, OR SOCIAL GROUPS YOU ARE INVOLVED WITH?

ANY OTHER INFORMATION YOU WISH TO PROVIDE?

FINANCIAL INFORMATION

FINANCIAL CONDITION AS OF (DATE) | STATEMENT REPRESENTS INDIVIDUAL FINANCIAL CONDITION? ☐ OR JOINTLY WITH SPOUSE?

ASSETS		LIABILITIES & NET WORTH	
1. CASH (ON HAND IN BANKS)	$	10. MONEY OWED TO BANKS WHICH IS SECURED BY COLLATERAL (TOTAL)	$
2. SECURITIES (ITEMIZE)		11. MONEY OWED TO BANKS WHICH IS NOT SECURED BY COLLATERAL	$
3. CASH VALUE OF LIFE INSURANCE	$	12. LOANS AGAINST LIFE INSURANCE	
4. NOTES RECEIVABLE (MONEY OWED TO YOU)	$	13. CREDIT CARDS AND OTHER BILLS PAYABLE (TOTAL)	$
5. REAL ESTATE (OWNED IN YOUR NAME)		14. AMOUNT YOU OWE ON YOUR MORTGAGE (TOTAL)	$
6. PARTIAL INTERESTS IN REAL ESTATE (NET EQUITY OWNED BY YOU)		15. INCOME TAXES DUE	
7. AUTOMOBILES HOW MUCH IS THE VEHICLE WORTH?	$	HOW MUCH IS OWED ON IT? (TOTAL)	$
8. OTHER ASSETS (ITEMIZE)		16. OTHER MONEY YOU OWE (ITEMIZE)	
9. TOTAL ASSETS (ITEMIZE) (LIST BELOW OR USE SEPARATE SHEET IF NEEDED)		17. TOTAL LIABILITIES (TOTAL OF ITEMS 10 THROUGH 16)	$
		18. NET WORTH (LINE 9 MINUS 17)	$
		19. TOTAL LIABILITIES PLUS NET WORTH (MUST EQUAL TOTAL ASSETS)	$

ANNUAL INCOME (INCOME FROM ALIMONY, SEPARATE MAINTENANCE OR CHILD SUPPORT NEED NOT BE REVEALED UNLESS YOU CHOOSE TO RELY UP ON IT FOR THIS FIANCIAL STATEMENT)

SALARY	$	ARE YOUR PRINCIPAL CASH DEPOSITS HELD IN JOINT TENANCY?	
COMMISSIONS AND BONUSES	$	IF SO, INDICATE WITH WHOM YOU ARE JOINT TENANT	
REAL ESTATE INCOME		ADDITIONAL INFO (OTHER RELEVANT INFORMATION - USE SEPARATE SHEET IF NEEDED)	
OTHER INCOME (ITEMIZE)			
TOTAL ANNUAL INCOME	$		
FINANCING SOURCES AVAILABLE TO YOU			

CREDIT REFERENCES (PROVIDE NAMES OF BANKS OR FINANCE COMPANIES WHERE ACCOUNTS ARE CARRIED OR WHERE CREDIT INFORMATION CAN BE OBTAINED OR VERIFIED)

INSTITUTION NAME	ADDRESS	HIGHEST CREDIT EXTENDED	PURPOSE

PLEASE READ AND SIGN

I/We understand that the purpose of this questionnaire is for information only, and it is in no way binding upon either Gateway Healthcare Franchising or the applicant(s). I/We represent and warrant that the information supplied herein is complete and accurate to the best of our knowledge and understand that Gateway Healthcare relies on the information provided in assessing the desirability and qualifications of applicants and, further, that additional financial information may be required upon request by Gateway Healthcare Franchising. I/We authorize Gateway Healthcare Franchising and its representatives to make inquires it considers necessary and appropriate, including employment history checks, credit checks, credit reporting agencies, credit references and other sources disclosed to confirm information given.

SIGNATURE DATE