



Confidential Franchise Application Form

The completion of this application places no obligation on either Professional Carpet Systems, Inc. or the applicant.

The information furnished in this application will be used solely by Professional Carpet Systems, Inc. in assisting Professional Carpet Systems, Inc. in its process of determining the applicant's eligibility as a prospective franchisee. Unless otherwise specified, all information, both personal and financial, will be verified.

Date _____

Name _____

SS# _____ - _____ - _____

Date of Birth _____

Name of Spouse/Domestic Partner _____ SS# _____

Current Resident Address _____
number street city state zip

Mailing Address if different _____
number street city state zip

Telephone(s) # _____

List former addresses for the past 5 years:

- 1. _____
- 2. _____

Educational Record:

Last High School _____ City _____ State _____

Circle last grade completed: 8 9 10 11 12 Did you graduate? Yes ___ No ___

College or University _____ City _____ State _____

Major Subjects _____ Degrees Obtained _____

No. of years completed _____ Did you graduate? Yes ___ No ___

Graduate Experience/Degrees _____

Additional Education _____

Record of Employment: (start with most recent position)

Dates of Employment: From _____ to _____
month/year month/year

Employer _____
Name Address Telephone

Type of Business _____ Your Position _____

Supervisors Name _____ Your Salary: \$ _____

Describe your duties and responsibilities: _____

Will you continue this position if franchise is granted? _____

Dates of Employment: From _____ to _____
month/year month/year

Employer _____
Name Address Telephone

Type of Business _____ Your Position _____

Supervisors Name _____ Your Salary: \$ _____

Describe your duties and responsibilities: _____

Reason for Leaving: _____

Other Employment information specific to Carpet/Upholstery Cleaning & Water Restoration:

Your Position: _____ Year: _____

Your Position: _____ Year: _____

Which of your past positions did you enjoy the most? _____

Have you ever owned a business? _____ Name of Business _____

Address _____

Please give details of your business (What type? Do you still own it?)

Have you ever been self-employed? _____ If so, please give details

Are you a partner or owner in any other venture? If so, what is your equity position in this venture? _____

Physical Condition:

Does your physical condition prevent you from lifting fifty pounds? _____

Does your physical condition prevent you from working on your feet and doing physical tasks for long periods of time? _____

General Information:

What three adjectives best describe your personality?

What distinguishes you from other people?

What do your peers, co-workers and family most admire about you?

Community Activities:

What sorts of charitable or socially responsible organization(s) do you belong to, and what do they do?

Personal References: (Do not list relatives or former employers.)

Name

Address

Phone

1. _____

2. _____

Credit References: (Companies with whom you have been done business)

Name

Address

Phone

1. _____

2. _____

3. _____

What is the maximum amount of cash that you can invest in a Professional Carpet Systems Franchise? \$_____

What is the minimum income you need during the first year in business? \$_____

(Note: a financial statement will be required.)

List the sources of capital you plan to use to establish your Professional Carpet Systems Franchise:

Investors/Associates who would join in this venture: (Please list and complete the form for each person)

Name	Address	Percent of Ownership	Percent of time in business

Number of hours you intend to work in the business: _____ hrs/week

Would you employ a full time Manager? _____

Why are you interested in a Professional Carpet Systems Franchise?

Have you ever been convicted of a felony crime? No _____ Yes _____ Date _____

Have you ever been convicted of a misdemeanor crime? No _____ Yes _____ Date _____

Have you applied for a Professional Carpet Systems Franchise before? Yes _____ No _____

Should you be selected to be awarded a PCS franchise, when would you like to open your business? _____

General area where you prefer a Franchise:

_____ (City) _____ (State)

_____ (City) _____ (State)

No franchise is being offered or sold by means of this document, which is only an application. No monies are to be submitted with this application. An offer to purchase a franchise can only be made after you have reviewed disclosure information required by the Federal Trade Commission. The undersigned(s) hereby authorize the release of any and all information by the above-listed references as may be pertinent to this application.

Applicant (and Spouse/Partner, where applicable)

Signed: _____

Date _____ Signed: _____