

PERSONAL BALANCE SHEET

ASSETS

Cash on hand and in banks \$ _____
(See schedule #1)

Stocks and bonds (Non-Retirement) \$ _____
(See schedule #2)

Accounts/Notes Receivable \$ _____
(See schedule #3)

Real Estate Investments \$ _____
(See schedule #5)

Net Value of Business, Partnerships,
LLC's or Corporations that you may own \$ _____
(Enclose most recent financial statement)

Life Insurance - Cash Value Only \$ _____

Retirement Accounts (IRA & 401K) \$ _____
(See Schedule #2)

Other Assets (itemize) \$ _____

_____ \$ _____

_____ \$ _____

TOTAL ASSETS: \$ _____

(Assets - Liabilities = Net Worth)

LIABILITIES

Mortgage Balances \$ _____
(See schedule #4 & #5)

Accounts and bills due \$ _____
Include credit cards (See schedule #6)

Other Loans and Notes Payable \$ _____
(See schedule #4)

Taxes Due \$ _____

Liens Payable \$ _____

Other Liabilities (itemize) \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

TOTAL LIABILITIES \$ _____

Cash available to invest in this franchise \$ _____ **TOTAL NET WORTH:** = \$ _____

Do you have Financing Source? _____ If so, who? _____

How will this business be owned? Individual Partnership Corporation LLC/LLP

What name will be on the franchise agreement? _____

If other individuals will be involved with you, a **separate application** is required of each person whose name will appear on the franchise agreement. Please list each persons name(s), address and percent ownership.

Schedule #1 - BANKING REFERENCES (List all bank accounts, including savings & loans)

Institution	Account #	Contact Officer/Phone	Cash
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

Schedule #2 - STOCKS AND BONDS

Number of Shares	Description of Security	Marketable, Non-Marketable or Retirement	Current Market Value
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

Schedule #3 - ACCOUNTS/NOTES RECEIVABLE

Receivable from	Amount
_____	_____
_____	_____

Schedule #4 - MORTGAGE, LOANS AND NOTES PAYABLE

Payable to:	Balance
_____	_____
_____	_____
_____	_____

Schedule #5 - REAL ESTATE

Address	% of ownership	Monthly Mortgage payments	Present market value
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Schedule #6 - ACCOUNTS AND BILLS PAYABLE (includes credit cards)

Account/Card Name	Account Number	Card Exp. Date	Amount Due
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

BUSINESS EXPERIENCE

Please provide your present or last position first, and provide the last 10 years of work history:

1. Company: _____ City, State: _____
Type of Business: _____ Employed from: _____ to: _____
Position: _____
Duties/Responsibilities: _____ No. of people supervised: _____
Salary: _____ Reason for leaving: _____

2. Company: _____ City, State: _____
Type of Business: _____ Employed from: _____ to: _____
Position: _____
Duties/Responsibilities: _____ No. of people supervised: _____
Salary: _____ Reason for leaving: _____

3. Company: _____ City, State: _____
Type of Business: _____ Employed from: _____ to: _____
Position: _____
Duties/Responsibilities: _____ No. of people supervised: _____
Salary: _____ Reason for leaving: _____

Other income per year? \$ _____ Explain _____

Do you now or have you owned or had an interest in a restaurant operation?

Yes No If yes, explain in detail _____

As I consider my experiences and abilities I am confident that I can operate a successful Port of Subs primarily because _____

How did you become interested in Port of Subs? _____

I/we authorize Port of Subs, Inc. to make investigations of any credit bureau or financial institution, to investigate the references and statements submitted, to obtain information regarding employment, credit, banks and savings accounts, as needed, to process this qualification report. I/we further authorize all parties contracted on behalf of Port of Subs, Inc. to release this information. I/we indemnify and hold harmless Port of Subs, Inc, its officers, directors, partners, managers, agents, employees, servants, contractors, sub-contractors, successors, and/or assignees from any and all liability in connection with such inquiries or contacts. I/we also certify that all information in this application is true and complete. Processing of this application will not begin until complete information is submitted to Port of Subs, Inc.

Applicant Signature

Date

Spouse Signature

Date

Acknowledgement of Port of Subs Confidential Franchise Application

STATE OF _____)
COUNTY OF _____)

On this _____ day of _____, 20____, personally appeared before me, a Notary Public,

personally known to be OR proved to be on the basis of satisfactory evidence to be the person(s) described in and who executed the foregoing instrument in the capacity set forth therein, who acknowledged to me that they executed the same freely and voluntarily and for the uses and purposes therein mentioned.
Witness my hand and official seal.

Notary Public

My commission expires: _____