



Personal Profile

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 Evolution M.D. Franchising to offer an agreement nor does it obligate you to purchase a Evolution M.D. Franchise. THIS IS NOT A CONTRACT.

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 <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Married <input type="checkbox"/> 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

About Your Interests

How did you become interested in owning a Evolution M.D. 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 you have a partner?

If yes, who?

Partner's name

Partner's phone

Will any relatives be involved in your business?

If yes, please provide info below.

Name

Relationship

Name

Relationship

What languages do you speak?

Have you ever managed employees?

If yes, how many?

Computer Knowledge

None

A little bit

Good

Advanced

Financial Management

None

A little bit

Good

Advanced

Skills

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 (attach separate sheet if you need to provide additional 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

12. LOANS AGAINST LIFE INSURANCE

3. CASH VALUE OF LIFE INSURANCE

13. CREDIT CARDS AND OTHER BILLS PAYABLE (total)

4. NOTES RECEIVABLE (Money owed to you)

14. AMOUNT YOU OWE ON YOUR MORTGAGE (total)

5. REAL ESTATE (Owned in your name)

15. INCOME TAXES DUE

6. PARCIAL INTERESTS IN REAL ESTATE (Net equity owned by you)

16. OTHER MONEY YOU OWE (Itemize)

7. AUTOMOBILES

8. OTHER ASSETS (itemize)

17. TOTAL LIABILITIES (total of items 10 through 16)

\$

18. NET WORTH (line 9 minus 17)

\$

9. TOTAL ASSETS

\$

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 financial 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

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 Evolution M.D. 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 Evolution M.D. Franchising 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 Evolution M.D. Franchising. I/We authorize Evolution M.D. 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