



Mr. Sewer Franchising, Inc.

341 Lawnridge Dr
Creve Coeur, IL 61610
866 811-0911

CONFIDENTIAL QUALIFICATION STATEMENT

Completion of this form does not obligate either party in any manner.

Personal Data

Name _____
First Middle Last

Home Address _____

City _____ State _____ Zip _____

Home Phone () _____ Work Phone () _____

Best time to Call: _____ May we call you at work? Yes__ No__

Email Address: _____ Birth Date ____ / ____ / ____ Married? Yes__ No__

Spouse's Name _____

Employment History

Are you now employed? Yes__ No__

Latest Employer _____

Address _____ Phone() _____

City _____ State _____ Zip _____

Type of Business _____

Your Title _____ Yearly Salary \$ _____

Number of Employees Supervised _____ Years with the Business _____

Previous Firm _____ Spouse's Firm _____

City/State _____ City/State _____

Title _____ Title _____

Salary _____ Salary _____

Dates: ____ / ____ to ____ / ____ Dates: ____ / ____ to ____ / ____

Description of work _____ Desc of work _____

Funding and Sources of Income

New franchisees should have \$32,500 to \$58,500 to invest in their business. Please describe the sources and amounts you will use to start your franchise.

Do you plan to borrow to finance your business? Yes__ No__ Amount \$ _____

Please indicate monthly household income expected to continue after being awarded a franchise.

Spouse's Income \$ _____ Interest \$ _____

Real Estate Income \$ _____ Pension \$ _____

Inheritance \$ _____ Alimony \$ _____

Other (please explain) _____

Intentions and Expectations as a New Franchisee

Who will operate your business? ___ Self? ___ Spouse? ___ Other? _____

Will you continue on your job after opening your franchise? Yes ___ No ___

In what city and state would you like to operate? _____

What is your target date for opening? _____

About You

What are your motivations for owning your own business? _____

What are some of your chief concerns in starting your venture?

Please summarize the skills and experience you will use to become a successful franchisee.

Your Financial Statement

Date _____

Cash in Banks \$ _____

Stocks & Bonds \$ _____

Accts/Notes Receiv. \$ _____

Real Estate Owned \$ _____

Automobiles \$ _____

Personal Property \$ _____

Unlisted Stocks \$ _____

Other Assets \$ _____

Total Assets \$ _____

Notes Payable \$ _____

to Banks \$ _____

to Mortgage Cos \$ _____

to Credit Cards \$ _____

Automobile Loans \$ _____

Other Install. Loans \$ _____

Other Debts \$ _____

Total Liabilities \$ _____

Net Worth (Assets
less Liabilities) \$ _____

Total Liabs & Worth \$ _____

I (we), the undersigned, hereby certify that all information supplied on this application is accurate and complete. I (we) hereby authorize **Mr. Sewer Franchising, Inc** or its authorized agent to obtain verification on any of this information and I (we) hereby authorize the release of such information.

Signature of Applicant _____ Date _____

Signature of Spouse _____ Date _____