

Uncle D's New York Pizza Application for Additional Franchise Information

The filing of this Application does not obligate the applicant to purchase or the franchisor to sell a franchise.
(Please complete entire form, and print clearly or type)

Date ____ / ____ / ____ Citizen of _____ Date of Birth ____ / ____ / ____
Name _____ Social Security # _____
Last First Middle (Example: 123-45-6789)
Are you of legal age in your state/province and/or area of residence? Yes / No
Other names known by _____
Have you ever been convicted of a felony? Yes / No

Have you ever been associated directly or indirectly with terrorist activities? Yes / No

Telephone (Home) _____ (Mobile) _____

Present Address _____
Address _____
City _____ State/Province _____
Postal Code _____ Country _____
Email Address _____

Spouse's Name _____ Social Security # _____
Last First Middle (Example: 123-45-6789)

Date of Birth ____ / ____ / ____ Citizen of _____
Is your spouse a legal age in your state/province and/or area of residence? Yes / No

Other names known by _____

Has your spouse ever been convicted of a felony? Yes / No

Has your spouse ever been associated directly or indirectly with terrorist activities? Yes / No

Telephone (Home) _____ (Mobile) _____

Present Address _____
Address _____
City _____ State/Province _____
Postal Code _____ Country _____

Uncle D's New York Pizza;

Application for Additional Franchise Information

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Email Address _____

EDUCATIONAL BACKGROUND (Applicant)

Schools Attended	Years	Grade or Degree Attained
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

BUSINESS INFORMATION

Self Employed _____

Employed By _____ No. Years _____

Address _____

City _____ State _____ Zip Code _____

Telephone (Business) _____ Position _____

Nature of Business _____

May we contact you at work? Yes No

PERSONAL INFORMATION (please list figures in U.S. Dollars)

Income from present occupation \$ _____ per year.

Other Income \$ _____ per year.

If other income, please explain sources:

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SPECIFIC DATA (please list figures in U.S. Dollars)

Would this business be your sole source of income? Yes No

Own Home or Rent? Rent Own If Own, Current Value

\$ _____

Mortgage \$ _____

Your Total Assets \$ _____

Your Total Liabilities \$ _____

Your Net Worth \$ _____

Amount of cash available for Investment

Amount of Financing Available

\$ _____

\$ _____

If qualified, when would you be ready to invest in your Franchise? ____ / ____ / ____

Will you be the sole owner of this business? Yes No

Are you interested in being an owner/operator? Yes No

If names are to be included on the Franchise Agreements, please have these individuals fill out a separate application.

Estimated training date should you choose to invest: ____ / ____ / ____

Franchise Location Preference(s) _____

Reason for wanting to invest in a Uncle D's New York Pizza Franchise:

REFERENCES

Name	Address	Telephone #	How does this person know you?
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Uncle D's New York Pizza Application for Additional Franchise Information

I understand that the granting of a franchise is at the sole discretion of the Franchisor of Uncle D's new York Pizza (Quattro Fratelli, Inc.)

I understand that any information I receive from the Franchisor or from any agent, employee, or franchisee of the Franchisor is highly confidential ("Confidential Information"), is being made available to me solely because of this application. I agree that I shall treat and maintain all Confidential Information as confidential, and I shall not, at any time, without the express written consent of the board of directors of the Franchisor, disclose, publish, or divulge any Confidential Information to any person, firm, corporation or other entity, or use any Confidential Information, directly or indirectly, for my own benefit or the benefit of any person, firm, corporation or other entity, other than for the benefit of the Franchisor.

This authorization for release of information includes but is not limited to matters of opinion relating to my character, ability, reputation, and association with others and past performance.

I authorize all persons, schools, companies, corporations, credit bureaus, law enforcement agencies or other investigative service providers to release such information without restriction or qualification to a representative of the Franchisor, a credit bureau, security consultant or other investigative service provider selected by the Franchisor and any of its officers, agents, employees and/or servants. I voluntarily waive all recourse and release them from liability for complying with this authorization. This authorization/release shall apply to this as well as any future request for an investigative consumer report and/or background search by the above name individuals or entities.

I authorize that a photocopy or facsimile of this release be considered as valid as the original.

I agree that I will settle any and all previously unasserted claims, disputes or controversies arising out of or relating to my application or candidacy for the grant of a Uncle D's New York Pizza franchise or Franchisor, exclusively by final and binding arbitration at a hearing to be administered by a neutral arbitrator in accordance with the Commercial Rules of the American Arbitration Association and to be held at Ann Arbor, Michigan, USA, unless my local laws require otherwise. Such claims include, but are not limited to, claims under federal, state, provincial or common law, such as employment law, civil rights law, contract law and tort law.

Everything that I have stated in this application is true and I understand that the information provided by me will be relied upon by the Franchisor. In accordance with anti-terrorist legislation, I understand that I will not be approved to purchase a franchise if I have ever been a suspected terrorist or associated directly or indirectly with terrorist activities. I read, understand, and agree to all of the above.

I have read this disclaimer. _____ Applicant Initials

Date ____ / ____ / ____ Signature (required) _____

Date ____ / ____ / ____ Spouse Signature (required) _____