



**LIST ANY FRIENDS OR RELATIVES NOW WORKING FOR ZIEBART**

| NAME | RELATIONSHIP | NAME | RELATIONSHIP |
|------|--------------|------|--------------|
|      |              |      |              |
|      |              |      |              |

**GENERAL INFORMATION**

|  |                          |                |     |
|--|--------------------------|----------------|-----|
| DATE OF LAST PHYSICAL  | NAME OF MEDICAL DOCTOR   |                |     |
|  | DOCTOR'S ADDRESS         |                |     |
| DO YOU HAVE ANY PHYSICAL DEFECTS? <input type="checkbox"/> Yes <input type="checkbox"/> No   | IF YES, DESCRIBE         |                |     |
| HAVE YOU HAD A MAJOR ILLNESS IN THE PAST 5 YEARS? <input type="checkbox"/> Yes <input type="checkbox"/> No                         | IF YES, DESCRIBE         |                |     |
| ARE YOU A DEFENDANT IN ANY LAWSUIT? <input type="checkbox"/> Yes <input type="checkbox"/> No                                       | IF YES, DESCRIBE         |                |     |
| HAVE YOU EVER BEEN CONVICTED OF A CRIME? <input type="checkbox"/> Yes <input type="checkbox"/> No                                  | IF YES, DESCRIBE         |                |     |
| HAVE YOU EVER FILED FOR BANKRUPTCY? <input type="checkbox"/> Yes <input type="checkbox"/> No                                       | IF YES, DESCRIBE         | WHEN?          |     |
| HAVE YOU PREVIOUSLY APPLIED FOR A ZIEBART FRANCHISE? <input type="checkbox"/> Yes <input type="checkbox"/> No                      | IF YES, DESCRIBE         | WHEN?          |     |
| DO YOU PRESENTLY OWN OR LEASE A POTENTIAL ZIEBART SITE(S)? <input type="checkbox"/> Yes <input type="checkbox"/> No                | IF YES, DESCRIBE         |                |     |
| DO YOU HAVE A SITE(S) AVAILABLE? <input type="checkbox"/> Yes <input type="checkbox"/> No  | IF YES, DESCRIBE         |                |     |
| DO YOU PLAN TO OPERATE THE CENTER(S)? <input type="checkbox"/> Yes <input type="checkbox"/> No                                     | IF NO, INDICATE WHO WILL |                |     |
|  | NAME                     | WHERE EMPLOYED | AGE |
| DO YOU HAVE ANY BACKGROUND OR EXPERIENCE IN THE AUTOMOTIVE SERVICE FIELD? <input type="checkbox"/> Yes <input type="checkbox"/> No | IF YES, EXPLAIN          |                |     |
| HAVE YOU EVER BEEN EMPLOYED BY A ZIEBART DEALER? <input type="checkbox"/> Yes <input type="checkbox"/> No                          | IF YES, DESCRIBE         |                |     |
| HAVE YOU EVER BEEN BONDED? <input type="checkbox"/> Yes <input type="checkbox"/> No  | IF YES, ON WHAT JOB      |                |     |
| LIST GEOGRAPHICAL AREAS INTEREST   | 1st                      | 2nd            | 3rd |

**FINANCIAL COMMITMENTS**

|   |   |
|---|---|
| Are you interested in owning more than one center? <input type="checkbox"/> Yes <input type="checkbox"/> No     | Number of Centers _____                       |
| If yes, explain Development Plan. _____   |   |
| How much cash are you prepared to invest in the ZIEBART Franchise?  | _____ \$                                      |
| How much cash are you prepared to borrow from financial institutions?   | \$ _____                                      |
| Explain terms, conditions and restrictions of loan. _____   |   |
| If a financial investment will be made in the ZIEBART franchise by another (or others), complete the following: |   |
| NAME*   | AMOUNT OF INITIAL PART OF INVESTMENT BORROWED |
| 1. _____  | \$ _____ \$ _____                             |
| 2. _____  | _____   |
| 3. _____  | _____   |

\*All investors will be asked to complete a similar application.

**PERSONAL FINANCIAL STATEMENT AS OF \_\_\_\_\_**

| ASSETS  |                        |                          |
|---|------------------------|--------------------------|
| CASH ON HAND IN BANKS                         |                        |                          |
|   |                        |                          |
| GOVERNMENT SECURITIES (Attach Schedule)       |                        |                          |
| SECURITIES (Attach Schedule)                  |                        |                          |
|   |                        |                          |
| ACCOUNTS & NOTES RECEIVABLE (Attach Schedule) |                        |                          |
| REAL ESTATE OWNED – HOME                      | ORIG. COST<br>\$ _____ | MARKET VALUE<br>\$ _____ |
| REAL ESTATE OWNED – OTHER (Attach Schedule)   |                        |                          |
| AUTOMOBILES                                   |                        |                          |
| CASH SURRENDER – LIFE INSURANCE               |                        |                          |
| BENEFICIARY:                                  | FACE VALUE<br>\$ _____ |                          |
| OTHER ASSETS – Itemize                        |                        |                          |
| <b>TOTAL ASSETS</b>                           |                        |                          |

| LIABILITIES                           |  |
|---------------------------------------|--|
| NOTES PAYABLE TO BANKS                |  |
| BANK NAME(S):                         |  |
|                                       |  |
| NOTES PAYABLE TO OTHERS               |  |
| CHARGE CARDS & AMOUNTS OWED           |  |
| VEHICLE LOANS                         |  |
| REAL ESTATE MORTGAGES PAYABLE – HOME  |  |
| REAL ESTATE MORTGAGES PAYABLE – OTHER |  |
| OTHER DEBTS – Itemize                 |  |
|                                       |  |
|                                       |  |
|                                       |  |
|                                       |  |
| <b>TOTAL LIABILITIES</b>              |  |

**NET WORTH (TOTAL ASSETS LESS TOTAL LIABILITIES) \$ \_\_\_\_\_**

Is your financial position adequate to presently make the initial investment?  Yes  No

NOTICE: Investigation may be made as to your character, general reputation, personal characteristics and mode of living.

| SOURCE OF CONTINUOUS INCOME (Annual) | SELF | SPOUSE |
|--------------------------------------|------|--------|
| SALARY                               |      |        |
| BONUS & COMMISSIONS                  |      |        |
| DIVIDENDS & INTEREST                 |      |        |
| REAL ESTATE INCOME                   |      |        |
| OTHER INCOME – Itemize               |      |        |
|                                      |      |        |
| OTHER                                |      |        |

| REFERENCES |         |
|------------|---------|
| BANKING:   | ACCT. # |
| NAME       |         |
| ADDRESS    |         |
| BANKING:   | ACCT. # |
| NAME       |         |
| ADDRESS    |         |
| BUSINESS:  | ACCT. # |
| NAME       |         |
| ADDRESS    |         |
| PERSONAL:  | ACCT. # |
| NAME       |         |
| ADDRESS    |         |

THE INFORMATION SUPPLIED BY ME ON THIS APPLICATION IS TRUE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT NECESSARY CREDIT AND REFERENCE INQUIRIES WILL BE MADE AND I HEREBY AUTHORIZE THE RELEASE OF SUCH INFORMATION TO ZIEBART INTERNATIONAL CORPORATION.

\_\_\_\_\_  
SIGNATURE DATE

# SELF ASSESSMENT

This introspective analysis is designed to assist in determining the compatibility of your goals and insights with that of franchising. Please circle the letter of your response.

1. What best describes you at your present job?
  - A. Easygoing
  - B. Take charge type of person
  - C. Analytical
  - D. Taskmaster
  - E. Follows instructions well
  - F. Excitable
  - G. Welcomes responsibility
  - H. Will make decisions if I have to
2. How do you regard your present job?
  - A. Like it very much
  - B. Job security is uncertain
  - C. Do not like it
  - D. I'm not paid what I'm worth
  - E. Lack of opportunity
  - F. I've spent too long doing it
  - G. Would change for a better job with another company
3. What prompted you to investigate a business opportunity?
  - A. Lack of opportunity in present job
  - B. Not earning what I'm worth
  - C. Wanted a business with spouse or family member
  - D. Comparing it to a non-franchised business
  - E. Fearful of present company's future
  - F. The timing seemed right
4. What is your timetable for being in business?
  - A. Haven't yet decided to go in business
  - B. One year
  - C. Three months
  - D. As soon as possible
  - E. Haven't thought about it
  - F. Six months
5. What adjective best describes your attitude about going into business?
  - A. Confident
  - B. Cautious
  - C. Fearful
  - D. Uncertain
  - E. Adventurousome
6. Which would provide you with the most satisfaction about owning your own business?
  - A. Making decisions
  - B. Building a future
  - C. Status
  - D. Earning what I'm worth
  - E. Working on cars
7. What do you consider to be the *three* most important factors in the failure of businesses? (Circle three responses.)
  - A. Ineffective advertising
  - B. Poor management
  - C. Limited capital
  - D. No one can know everything necessary to run a business
  - E. Poor location
  - F. Lack of business guidance
  - G. Attitude
  - H. No business formula
  - I. Wrong business field
  - J. Poor product mix
  - K. Lack of experience
8. What do you consider to be the *two* most important factors in joining a franchise network? (Circle two responses.)
  - A. FTC Disclosure Document
  - B. How much capital is needed
  - C. What other franchisees say
  - D. Amount of support offered by franchiser
  - E. Net profit of business
  - F. Number of franchises in operation
  - G. Length of time the franchiser has been in existence
9. What would you consider to be the most important thing a franchiser could offer your business?
  - A. Product purchases at affordable prices
  - B. Training
  - C. Assistance in site selection
  - D. Total support system that provides ongoing assistance
  - E. Advertising program
10. What do you feel is your strongest success characteristic?
  - A. Ability to work through people
  - B. Management talent
  - C. Sales ability
  - D. Ability to learn quickly
  - E. Sees a task through to completion
  - F. Can make decisions

For Use by Ziebart International

Application Received \_\_\_\_\_

Reviewed \_\_\_\_\_

Results \_\_\_\_\_

Assigned to \_\_\_\_\_