



PERSONAL INFORMATION

Date: _____
Name: _____ D.O.B.: _____
Residence Address: _____
City: _____ State: _____ Zip: _____
Home Phone: _____ Cell Phone: _____
Email address: _____ Birthday: _____
Marital Status: _____ Spouse's Name: _____ Children _____
I am a U.S. Citizen: [] Yes [] No If no, immigration status is currently: _____

EDUCATION

Institution: _____ Did You Graduate? [] Yes [] No
Date Graduated: _____ Degree: _____
Other: _____

BUSINESS EXPERIENCE

Current Employer: _____
Business Address: _____
City: _____ State: _____ Zip: _____
Phone : _____ Type of Business: _____
Length of Employment: _____ Position: _____
Previous Employer: _____
Business Address: _____
City: _____ State: _____ Zip: _____
Phone : _____ Type of Business: _____
Length of Employment: _____ Position: _____
Spouse's Employer: _____
Business Address: _____
City: _____ State: _____ Zip: _____
Phone : _____ Type of Business: _____
Length of Employment: _____ Position: _____
Memberships and Affiliations: _____

FINANCIAL INFORMATION

Current Income: \$ _____ Spouse's Current Income: \$ _____

Net Worth: \$ _____ Cash Available for Investment: \$ _____

Do you presently: Own or Rent a House, Condo, or Apartment? Approx. Equity in Home: \$ _____

Do you have a source of financing for this investment? Yes No Source(s): _____

Additional Pertinent Information: (attach separate sheet, if necessary): _____

I understand that a more complete financial statement will be required prior to the purchase of a CPAY1 franchise.

GENERAL INFORMATION

By what date do you wish to open your franchise? _____

What City/Area(s)? _____

Are you willing to relocate? Yes No If yes, to what area(s)? _____

General remarks and/or questions: (attach separate sheet, if necessary) _____

How did you hear about CPAY1? _____

I understand that the receipt of this data or any other information obligates neither me nor CPAY1 and that this information is confidential.

By: _____ Date: _____

(Signature of Applicant)