



FLYING V

Franchise Dealer Applicant Information Sheet And Evaluation Form

Please answer all questions, not leaving any needed information blank.

PERSONAL INFORMATION

Name: _____ TIN: _____ SSS No.: _____
Date of Birth: _____ Place of Birth: _____
Home Address: _____ Tel. No.: _____ Fax No.: _____
Provincial Address: _____ Tel. No.: _____ Fax No.: _____
Occupation: _____
Business Address: _____ Tel. No.: _____ Fax No.: _____

EDUCATION

School: _____ Date Graduated: _____
Degree: _____

FAMILY INFORMATION

Name of Spouse: _____ TIN: _____ SSS No.: _____
Date of Birth: _____ Place of Birth: _____
Provincial Address: _____ Tel. No.: _____ Fax No.: _____
Occupation: _____
Business Address: _____ Tel. No.: _____ Fax No.: _____

Children:

Name	Date of Birth	Name	Date of Birth
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

PHYSICAL CONDITION

General Physical Condition: _____ Date of Last Physical Exam: _____
Attending Physician: _____
List any Physical Impairments or Chronic Illnesses which may preclude certain types of activities: _____

Please explain: _____

ESSAY (use separate sheet)

1. Explain briefly why you are interested to be a Flying V dealer.
2. Provide us with your qualifications.

BUSINESS PLAN

Business Name: _____

Type of Organization: Sole Proprietor Partnership Corporation

Amount of Capital available for this business: _____

Site applied for: _____

Do you own the lot: yes no If no, who owns it?: _____

What are the salient point in your agreement/ contract with the owner? (e.g. lease term, subleasing provisions)

Would you consider any other area? _____

What area(s)? _____

BUSINESS EXPERIENCE

Have you been in business for yourself? _____

Name and Address of Employer (Current or most recent): _____

Position/ Title/ Duties: _____

Dates of Employment (from / / to / /): _____

Person Reporting Directly to/ Title: _____

Reason for Separation: _____ Starting Salary: _____

Ending Salary: _____

Name and Address of Employer: _____

Position/ Title/ Duties: _____

Dates of Employment (from / / to / /): _____

Person Reporting Directly to/ Title: _____

Reason for Separation: _____ Starting Salary: _____

Ending Salary: _____

Name and Address of Employer: _____

Position/ Title/ Duties: _____

Dates of Employment (from / / to / /): _____

Person Reporting Directly to/ Title: _____

Reason for Separation: _____ Starting Salary: _____

Ending Salary: _____

INCOME

Year: _____

Earned (salary, commissions, fees, etc.)

Php _____

Interests & Dividends Received

Php _____

Rents Received

Php _____

Other Income

Php _____

Php _____

Php _____

Php _____

Gross Income Php _____

SUPPLEMENTARY SCHEDULES

No. 1. Banking Relations

Names and Location of Bank	Cash Balance	Amount of Loan	Maturity of Loan	How Endorsed, Guaranteed, or secured

No. 2. Accounts, Loan, and Notes Receivables

Name and Address of Debtor	Amount Owning	Age of Debt	Description of Nature of Debt	Description of Security Hold	Expected Date of Payment

No. 3. Other Stocks and Bonds

Face Value (Bonds) No. of Shares (Stocks)	Description of Security	Registered in Name of	Cost	Present Market Value	Income Received Last Years	To Whom Pledged

Certified True and Correct: _____ Date: _____

FOR FLYING V USE ONLY

RECOMMENDATION: _____

APPROVED

TERMS: _____

CREDIT LIMIT: _____

OTHER CONDITIONS: _____

DISAPPROVED

REMARKS: _____

BY: _____

DATE: _____

Professional and Character References (Name – Address - Phone No. – Fax No.)

1. _____
2. _____
3. _____

Credit References (Name – Address – Phone No. – Fax No.)

1. _____
2. _____
3. _____

Bank References (Name – Address – Checking Account/ Savings Account/ Others)

1. _____
2. _____
3. _____

CONTINGENCIES

Do you have any contingent liabilities? _____ Are any of your assets pledged? _____

If so, please enumerate _____

_____ Have you ever taken bankruptcy? _____

_____ Are you defendant in any law suit
or legal action? _____

CONFIDENTIAL FINANCIAL STATEMENT

Additional sheets may be attached

ASSETS

Cash on hand (unrestricted in banks): _____

Accounts and Loan Receivables: _____

Notes Receivable, Not Discounted: _____

Notes Receivable, Discounted with banks, finance companies, etc.: _____

Life Insurance, Cash Surrender Value (Do not deduct loans): _____

Other Stocks and Bonds: _____

Real Estate: _____

Automobiles, Registered in Own Name: _____

Other Assets, Enumerate: _____

LIABILITIES AND NET WORTH

Notes Payable to Banks, Unsecured Direct Borrowings Only: _____

Notes Payable to Banks, Secured Direct Borrowings Only: _____

Notes Receivables, Discounted with banks, financial institutions, etc.: _____

Notes Payable to Others, Unsecured: _____

Notes Payable to Others, Secured: _____

Loans Against Life Insurance: _____

Accounts Payable: _____

Interests Payable: _____

Taxes and Assessments Payable: _____

Mortgages Payable on Real Estate: _____

Other Liabilities (Itemize): _____

NET WORTH (In Php): _____

TOTAL LIABILITIES and NET WORTH (In Php): _____