



Confidential Franchise Application

We welcome your interest in Town Values® franchise opportunities! To determine if you qualify for a Town Values® franchise, complete this application and email to us at sales@mtmshopper.com. The completion of this form does not obligate you, nor does it constitute an offer of a franchise by MTM Franchising, Inc. This is not a contract, and all information contained herein shall be considered confidential. MTM Franchising, Inc. may, at its own discretion, conduct a credit check and/or verify all references submitted.

PERSONAL INFORMATION *(please print clearly)*

Last Name: _____ First Name: _____
 Male/Female: _____ Social Security Number: _____ Date of Birth: _____
 Address: _____ City: _____
 State: _____ Zip: _____ How Long at this Address?: _____
 Home Phone: _____ Work Phone: _____ May We Contact You At Work? _____
 Are You a US Citizen?: _____ Marital Status: _____ Spouse's Name: _____
 Spouse's Occupation: _____ Spouse's Annual Salary: _____
 Name and ages of dependents: _____

EDUCATION

Last Year of School Completed: _____ Name of College/Post-Graduate School _____
 Degree: _____ Describe Any Training in Sales, Management, or Advertising Industry: _____

EMPLOYMENT INFORMATION

Present Employer: _____ Title: _____ Salary: _____
 Nature of Duties: _____
 Address: _____ City: _____ State: _____ Zip: _____ Date Started: _____
 Previous Employer: _____ Title: _____ Salary: _____
 Nature of Duties: _____
 Address: _____ City: _____ State: _____ Zip: _____ Date Started: _____

GENERAL QUESTIONS

Will You be an Owner-Operator or Investor? _____ How Did You Hear About Town Values? _____
 How Soon Will You be Available to Open the Business? _____ Are You Willing to Relocate? _____
 Please List Your Preferences for Locations (City & State): 1st: _____ 2nd: _____ 3rd: _____
 Will You Have a Partner? _____ Will Your Partner be Active? _____
 Note: If you have a partner, he or she will be required to submit a separate Confidential Franchise Application.
 Have You Ever Been Convicted of a Felony? Yes: ___ No: ___ If yes, explain: _____
 Have You Ever Been Self Employed? Yes: ___ No: ___ If yes, explain: _____
 Are There Currently Any Lawsuits Against You? Yes: ___ No: ___ If yes, explain: _____

FINANCIAL INFORMATION

ASSETS

Checking Accounts: \$ _____
Savings Accounts: \$ _____
Certificates of Deposit: \$ _____
Stocks & Bonds (Excludes 401(k) or IRA): \$ _____
Primary Residence (Current Market Value): \$ _____
Other Real Estate (Current Market Value): \$ _____
IRA/401(k)/Pensions: \$ _____
Autos: \$ _____
Business Value (If self-employed): \$ _____
Other Assets (Please List): \$ _____

TOTAL ASSETS: \$ _____

LIABILITIES

Primary Residence (1st Mortgage): \$ _____
Primary Residence (2nd Mortgage): \$ _____
Other Real Estate Mortgages: \$ _____
Credit Cards (Total of All Cards): \$ _____
Automobile Loans: \$ _____
Other Installment Loans: (Please List): \$ _____

Other Liabilities: (Please List): \$ _____

TOTAL LIABILITIES: \$ _____

NET WORTH (TOTAL ASSETS MINUS TOTAL LIABILITIES): \$ _____

What Sources of Funds Do You Plan to Use to Open This Business?

\$ _____ Available Cash (please explain): _____
\$ _____ From: _____
\$ _____ From: _____

What level of take-home income do you need to earn from your business?

Don't Know: _____ Year 1: \$ _____ Year 2: \$ _____ Year 3: \$ _____

REFERENCES *(please list two references other than relatives)*

Name: _____ Company/Title (if applicable): _____

Address: _____ City: _____ State: _____ Zip: _____

Phone #: _____ Relationship to You: _____ Years Known: _____

Name: _____ Company/Title (if applicable): _____

Address: _____ City: _____ State: _____ Zip: _____

Phone #: _____ Relationship to You: _____ Years Known: _____

ACKNOWLEDGMENT

I understand that the information I am receiving from MTM Franchising, Inc. is confidential and will be held in strict confidence. I will not disclose or use any data, business material, techniques, methods, systems of operation, procedures, policies, standards, criteria, customers, suppliers, or other information of whatever kind used in conjunction with this franchise without the prior written consent of MTM Franchising, Inc.

Applicant's Signature: _____ Date: _____

Co-Applicant's Signature: _____ Date: _____

It is understood that the purpose of this application is for general information and is in no way binding upon either MTM Franchising, Inc. or the applicant. It is, however, understood that the applicant supplies the information contained herein, to the best of his or her knowledge and ability and that MTM Franchising, Inc. relies on this fact in assessing the desirability and qualification of the applicant.