



Games 2 U Franchising, LLC
Franchisee Information Form
Please fax back to (254) 751-9034

The following information is provided to help us determine your qualifications as a prospective franchisee. The completion of this profile in NO WAY OBLIGATES YOU TO PURSUE THIS FRANCHISE OPPORTUNITY. All information contained herein shall be held in the strictest confidence and shall be used for no other purpose than determining your compatibility as a prospective franchisee.

I. PERSONAL INFORMATION

Name: _____ Age: _____
(Last, First, Middle)

Email: _____

Spouse's Name: _____ Age: _____

Home Address: _____ Home Long: _____

City: _____ State: _____ County: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Fax: _____ Number of Children/Dependents: _____

Are you planning to develop this business with a partner? Yes _____ No _____

(All partners must submit a separate information sheet).

Partner's Name: _____

Partner's Name: _____

Education: Applicant

High School: _____

College: _____ Degree: _____ Major: _____

Education: Spouse

High School: _____

College: _____ Degree: _____ Major: _____

II. EMPLOYMENT AND BUSINESS INFORMATION

APPLICANT: _____ SPOUSE: _____
Company: _____ Company: _____
Position/Title: _____ Position/Title: _____
Present Salary: _____ Date Started: _____ Present Salary: _____ Date Started: _____
What other businesses have you investigated? _____

III. FINANCIAL INFORMATION

Present Financial Status (or attach current Financial Statement):

ASSETS

LIABILITIES

Cash on Hand & in Banks	\$ _____	Notes Payable	\$ _____
Savings Funds/Certificates	\$ _____	Revolving A/C Balance	\$ _____
Stocks, Bonds & Securities	\$ _____	Credit Card Balances	\$ _____
Retirement Plans,IRA,401K	\$ _____	Home Mortgage Balance	\$ _____
Home Market Value	\$ _____	Other Real Estate Debt	\$ _____
Other Real Estate (Market Value)	\$ _____	Auto Loans	\$ _____
Personal Property	\$ _____	Other Debts (Describe)	\$ _____
Auto(s) Market Value	\$ _____		
Other Assets (Describe)	\$ _____		

Total Assets \$ _____ Total Liabilities \$ _____

NET WORTH \$ _____

(Total Assets minus Total Liabilities)

Please be prepared to provide proof of assets and net worth upon request

Do you have sources of income other than salary? _____ Is so, source and amount: _____

Your monthly expenses: Home: \$ _____ Auto: \$ _____ Living: \$ _____
Other: \$ _____ Total Monthly Expenses: \$ _____

Financial Statement Notes: _____

Cash available for investment in this business: \$ _____

Are additional funds available to you? _____

Explain: _____

IV. BACKGROUND INFORMATION

Have you or your spouse ever been involved in a personal or business bankruptcy? _____

Are you or your spouse part of any criminal investigation at this time? _____

Have you or your spouse ever been convicted of any crime? _____

Are there currently any civil judgments against you or your spouse? _____

Are there currently any civil suits pending against you or your spouse? _____

V. FUTURE PLANS

Area preferred (City, State): 1) _____ 2) _____ 3) _____

When would you like your first franchise to open? _____

What are your reasons for going into your own business?

1) _____

2) _____

3) _____

What are some of the major questions you have concerning owning your own business?

1) _____

2) _____

3) _____

What skills and experience do you have that would give you the ability to be a success in this

business? _____

Comments:

I certify that the enclosed information as given is complete, true and correct.

It is understood that the purpose of this questionnaire is for general information and is in no way binding upon either the Company 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 the Company relies on this fact.

Applicant's Signature _____ Date _____