



Woodcraft Franchise, LLC

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Please continue on the next page.

Confidential Request **For Franchise Consideration**

This is not a contract. This “confidential request for franchise consideration form” does not obligate you in any way and does not constitute an offer of a franchise by Woodcraft Franchise, LLC.

Personal

Date of Application: ____/____/____

Name: _____ Date of Birth: ____/____/____
First Middle Last

Current Address: _____
Street City State Zip How Long?

Previous Address: _____
Street City State Zip How Long?

Telephone Numbers: Day (____) ____ - _____ Evening (____) ____ - _____

Social Security Number: ____ - ____ - _____ U.S. Citizen: Yes No

Marital Status: Single Married Divorced Number of Dependents/Ages: _____

References

Please List Three Professional/Character References

Name: _____ Occupation: _____

Address: _____ Phone Number: (____) ____ - _____

Name: _____ Occupation: _____

Address: _____ Phone Number: (____) ____ - _____

Name: _____ Occupation: _____

Address: _____ Phone Number: (____) ____ - _____

Education

Please List All Education You Have Received, Include: High School, College, Military or Special Training

High School: _____ Date of Graduation: ____/____/____

College/University: _____ City/State: _____

Dates Of Attendance: _____ Date of Graduation: ____/____/____ GPA: _____

Major/Minor Fields of Study: _____ Degree Earned: _____

College/University: _____ City/State: _____

Dates Of Attendance: _____ Date of Graduation: ____/____/____ GPA: _____

Major/Minor Fields of Study: _____ Degree Earned: _____

Military Branch/Special Training: _____

Dates Of Service: _____ Emphasis of Study: _____

Experience

Please Give a Complete Record of Your Experience, Beginning With Most Recent/Current Employer

Name & Address of Employer: _____

Position/Title & Duties: _____

Supervisor Name & Title: _____

Dates of Employment: _____ Reason for Leaving: _____

Starting Salary: _____ Ending Salary: _____

Name & Address of Employer: _____

Position/Title & Duties: _____

Supervisor Name & Title: _____

Dates of Employment: _____ Reason for Leaving: _____

Starting Salary: _____ Ending Salary: _____

Name & Address of Employer: _____

Position/Title & Duties: _____

Supervisor Name & Title: _____

Dates of Employment: _____ Reason for Leaving: _____

Starting Salary: _____ Ending Salary: _____

Franchise Information

What is most attractive to you about owning your own Woodcraft Supply retail store? _____

How did you first hear about Woodcraft Supply? _____

If qualified, when would you be ready to invest in a franchise? _____

Please list the top three city/state areas (in order of preference) in which you would be interested in opening a franchise?

1. _____ 2. _____ 3. _____

Will you have a partner? If so, please give full name, address and telephone number. _____

(All partners must complete a separate Confidential Request for Franchise Consideration.)

In what other business (es) do you and/or your partner (s) have an investment interest? _____

Will you be an owner-operator, investor or both? _____

Do you plan on pursuing other business interests while operating your franchise? If yes, please explain. _____

Will you work in the business full-time or part-time? _____

Will your spouse be active in the franchise? _____

What is your current interest or involvement in woodworking? _____

Please rate your woodworking skill: Beginner Intermediate Advanced

Are you a defendant in any legal suits or actions? No Yes If yes, please explain on a separate sheet of paper.

Have you ever filed bankruptcy? If yes, please explain. _____

Assets

Cash \$ _____
See Schedule 1

Accounts, Notes & Loans Receivable \$ _____
See Schedule 2

Life Insurance, Cash Surrender Value \$ _____
Do not deduct loans. See Schedule 3

Marketable Securities \$ _____
See Schedule 4

Non-Marketable Securities \$ _____
See Schedule 5

Real Estate \$ _____
Total present market value. See Schedule 6

Other Asset(s) \$ _____
See Schedule 7

Total Assets \$ _____
Add column totals.

Annual Sources of Income
Most Recent 12 Month Period

Earned (Salary, Commissions, Fees, etc.) \$ _____

Rents Received \$ _____

Other Income \$ _____

Liabilities and Net Worth

Notes and Loans Payable to Banks \$ _____
See Schedule 8

Notes and Loans Payable to Others \$ _____
See Schedule 9

Loans Against Life Insurance \$ _____
See Schedule 3

Taxes and Assessments Payable \$ _____
IRS, Real Estate, Personal Property

Mortgage Balance Total \$ _____
See Schedule 6

Other Liabilities \$ _____
Itemize on a separate sheet.

Total Liabilities \$ _____
Add column totals.

Net Worth \$ _____
Total assets minus total liabilities.

Interest & Dividends Received \$ _____

Bonus Payments \$ _____

Total Gross Income \$ _____

Please list all bank checking and savings accounts.

Schedule 1: Cash

Name and Location of Bank	Type of Account	Current Cash Balance	Names on Accounts
		\$	
		\$	
		\$	
		\$	
Totals		\$	

Please list largest amounts owed to you.

Schedule 2: Accounts, Notes & Loans Receivable

Name and Address of Debtor	Remaining Loan Balance	Age of Debt	Nature of Debt	Description of Security Held	Payment Schedule
	\$				
	\$				
	\$				
	\$				
Totals		\$			

Schedule 3: Life Insurance

Person Insured	Beneficiary	Insurance Company	Type of Policy	Face Amount of Policy	Total Cash Surrender Value	Total Loans Against Policy	Amount of Yearly Premium	Is Policy Assigned?
				\$	\$	\$	\$	
				\$	\$	\$	\$	
				\$	\$	\$	\$	
				\$	\$	\$	\$	
Totals				\$	\$	\$	\$	

Schedule 4: Marketable Securities

Description of Security	Registered in Name of:	Cost	Present Market Value	Income Received Last Year	To Whom Pledged
		\$	\$	\$	
		\$	\$	\$	
		\$	\$	\$	
		\$	\$	\$	
Totals			\$	\$	

Schedule 5: Non-Marketable Securities

Description of Security	Registered in Name of:	Cost	Present Market Value	Income Received Last Year	To Whom Pledged
		\$	\$	\$	
		\$	\$	\$	
		\$	\$	\$	
		\$	\$	\$	
Totals			\$	\$	

Schedule 6: Real Estate

Street Address	Dimensions or Acres	Improvements Consist of	Mortgage Balance	Due Dates and Amounts of Payments	Present Market Value
			\$		\$
			\$		\$
			\$		\$
			\$		\$
Totals			\$		\$

Schedule 7: Other Assets

Automobiles/Furnishings	Present Market Value	Collectibles/Misc.	Present Market Value
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$

Schedule 8: Notes and Loans Payable to Banks

Address of Debtee	Original Loan Amount	Loan Balance	Nature of Debt	Description of Security Held	Amount of Payment
	\$	\$			\$
	\$	\$			\$
	\$	\$			\$
	\$	\$			\$
Totals	\$	\$			\$

Schedule 9: Notes and Loans Payable to Others

Address of Debtee	Original Loan Amount	Loan Balance	Nature of Debt	Description of Security Held	Amount of Payment
	\$	\$			\$
	\$	\$			\$
	\$	\$			\$
	\$	\$			\$
Totals	\$	\$			\$

Fair Credit Reporting Act Pre-Notification

This is to inform you that as part of our procedure for processing your application for a franchise, an investigative report may be made whereby information is obtained through personal interviews with third parties, such as business associates, financial sources, friends, neighbors, or others with whom you are acquainted. This inquiry includes information as to your character, general reputation, personal characteristics and mode of living, whichever be applicable. You have the right to make a written request within a reasonable period of time for a complete and accurate disclosure of additional information concerning the nature and scope of the investigation.

I understand that the information I am receiving from Woodcraft Franchise, LLC is highly confidential, and in being made available to me will be held in strict confidence. I will not disclose or use any data, business materials, techniques, methods, systems of operation, procedures, policies, standards, criteria, customers, suppliers or other information whatsoever in conjunction with this franchise without the prior written consent of Woodcraft Franchise, LLC.

In submitting the forgoing application and statement the undersigned guarantees its accuracy with the intent that it be relied upon in granting a franchise and extending credit to the undersigned and warrants that he/she has not knowingly withheld any information that might affect his/her credit risk, and the undersigned expressly agrees to notify Franchisor immediately in writing of any material change in his/her financial condition whether application for further credit is made or not and in the absence of such written notice, it is expressly agreed that the Franchisor in granting a franchise or credit may rely on this statement as having the same force and effect as if delivered upon the date additional credit is requested or existing credit is extended or continued.

The undersigned certifies that each part of the application and financial statements hereof and the information inserted herein has been carefully read and is true and correct.

Date ____/____/____ Signed: _____