



Solarius Tanning Spa Franchise Evaluation Form

All information provided is kept strictly confidential and will not be disclosed except when needed for verification. Please complete and return to Solarius Franchising LLC, 12500 Montgomery Blvd. NE Suite 107, Albuquerque, NM 87111 or Fax to (505) 292-3364, or email to Scott@SolariusSpa.com. For questions please call 505-280-2121.

Personal Information

Last Name	First Name	Middle Name	Social Security Number	
Date of Application	Birth Date	Age	Best Telephone	Fax
Current Address	City	State	Zip	How Long?
Previous Address	City	State	Zip	How Long?
Marital Status Single Married Widowed Separated		Email Address		
Full Name of Spouse		Occupation	Social Security Number	
Number and Age of Dependents				

General Information

Will the franchise be owned and operated by you, a group or partnership?	Amount of time applicant will devote to operating business? Full-Time Part-Time Investor Only		
Please explain fully			
Total amount of capital available for this business (cash on hand plus borrowing power)?			
Describe fully			
Territory applying for?	What other areas would you consider?		

Education – Please list all education you have received including high school, college, military and special training.

Name of School	Dates of Attendance To	Major and Minor Fields	% of Expenses Earned (scholarship)
Location of School	Grade Average or Class Standing	Diploma or Degree	Date of Graduation
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Business and Experience Record – Give a complete record of your experience, beginning with your present or last position, including military service. Indicate with asterisk (*) the employers you do not want us to contact.

Have you been in business for yourself?		Number of years in business?	
Name and address of employer			
Position, Titles and Duties			
Dates of Employment To		Supervisors Name and Title	
Reason for Separation	Beginning Salary	Ending Salary	
Name and address of employer			
Position, Titles and Duties			
Dates of Employment To		Supervisors Name and Title	
Reason for Separation	Beginning Salary	Ending Salary	
Name and address of employer			
Position, Titles and Duties			
Dates of Employment To		Supervisors Name and Title	
Reason for Separation	Beginning Salary	Ending Salary	

References – List three professional and character references

Name, Address, and Telephone 1.
2.
3.

References – List three employees under your supervision (if available)

Name, Address, and Telephone 1.
2.
3.

Contingencies

Do you have any contingent liabilities?	Have you ever filed bankruptcy? When? Why?
Are any of your assets pledged?	Are you a defendant in any lawsuits or legal actions?
Have you ever been arrested or convicted of a crime? Please explain.	

Income

Earned (Salary, Commissions, Fees, etc.)	\$
Interest and Dividends Received	\$
Rent Received	\$
Other Income (itemized)	\$
Other Income (itemized)	\$
Gross Income	\$

Confidential Financial Statement – Please answer all questions using no or none where necessary.

Assets		Liabilities and Net Worth	
Cash on Hand and Unrestricted in Bank Schedule 1	\$	Notes Payable to Banks, Unsecured Debt eg. Credit Cards Schedule 1	\$
US Government Securities	\$	Notes Payable to Banks, Secured Debt Schedule 1	\$
Accounts and Loans Receivable Schedule 2	\$	Notes Payable to Others, Secured	\$
Notes Receivable, Not Discounted Schedule 2	\$	Notes Payable to Others, Unsecured	\$
Life Insurance, Cash Surrender Value (Do not deduct loans) Schedule 3	\$	Loans Against Life Insurance Schedule 3	\$
Other Stocks and Bonds Schedule 4	\$	Accounts Payable	\$
Real Estate Schedule 5	\$	Interest Payable	\$
Automobiles Registered in Own Name	\$	Taxes and Assessments Payable Schedule 5	\$
Other Assts (itemized)	\$	Mortgages Payable Schedule 5	\$
	\$	Other Liabilities (itemize)	\$
	\$	Net Worth	\$
Total Assets	\$	Total Liabilities and Net Worth	\$

Schedule 1 – Banking Relations (A list of all my bank accounts, including savings and loans)

Name and Location of Bank	Cash Balance	Amount of Loan	Maturity of Loan	How Endorsed Guaranteed or Secured

Schedule 2 – Accounts, Loans, and Notes Receivable (A list of the largest amounts owing to me)

Name and Address of Debtor	Amount Owing	Age of Debt	Description or Nature of Debt	Description of Security Held	Date Payment Expected

Schedule 3 – Life Insurance

Name of Insured Person	Name of Beneficiary	Name of Insurance Co.	Type of Policy	Face Amount of Policy	Total Cash Surrender Value	Total Loans Against Policy	Amount of Yearly Premium	Is Policy Assigned?

Schedule 4 – 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 Year	To Whom Pledged

Schedule 5 – Real Estate. The legal equitable title to all the real estate listed in this statement is solely in the name of the undersigned, except as follows:

Description or Street No.	Dimension or Acreage	Improvements Consistent of	Mortgages or Liens	Due Dates and Amounts of Payments	Assessed Value	Present Market Value	Unpaid Taxes	
							Amount	Year

In submitting the foregoing application and statement, the undersigned guarantees its accuracy and 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 Solarius Franchising, LLC immediately in writing of any material change in his/her financial condition whether application for further credit is made 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. The undersigned also hereby authorized Solarius Franchising, LLC to obtain a consumer credit report. This application does not obligate either party.

Name: _____ Date: _____