Confidential Profile

CONFIDENTIAL PROFILE

WE WILL NOT CONTACT YOUR EMPLOYER WITHOUT YOUR APPROVAL.

Name:_____
First Middle Last
Social Security #: _____ Occupation:_____
Home Address:_____
City: _____State: _____ Zip: _____
Home Phone: _____ Business Phone:_____
Who Will Operate The Business? Self_____Spouse_____Other_____

Will You Continue to Work at Your Current Place of Employment After Opening the Business? _____
In What City and State Would You Like to Open Your Business?_____
If You Were Approved, When Would You Like to Begin Training?_____

Have You Ever Failed in Business or Filed Bankruptcy?	Yes_____	No_____
Are There Any Lawsuits Pending Against You?	Yes_____	No_____
Have You Ever Been Convicted of a Felony?	Yes_____	No_____
Are The Funds Required for This Business Available to You?	Yes_____	No_____

ESTIMATED FINANCIAL STATEMENT

Assets		**Liabilities**	
Cash	$_____	Mortgage Balance on Primary Residence	$_____
Stocks, Bonds & Other Securities	$_____	Mortgage Balance on Other Real Estate	$_____
Primary Resident (Market Value)	$_____	Other Obligations	$_____
Other Real Estate	$_____	Auto Loans, Credit Cards, etc.	$_____
Automobiles & Other Property	$_____	Other Liabilities	$_____
Other Assets	$_____	TOTAL LIABILITIES	$_____
TOTAL ASSETS	$_____	NET WORTH (assets-liabilities)	$_____

PLEASE READ AND SIGN

BY SIGNING THIS FORM, I HEREBY AUTHORIZE WITHOUT RESERVATION, ANY LAWFUL ENFORCEMENT AGENCY OR INFORMATION SERVICE BUREAU CONTACTED BY AMS/SHELDRICK, INC. TO FURNISH THE ABOVE INFORMATION.

Submitted the ___ day of _____, _____ Signature:_____

PLEASE PRINT THIS FORM AND FAX TO AMS AT 828-693-0823