

Mediterranean Sandwich Co. – Franchise Application 8791 S Lamhatty Lane, Daphne, AL 36526 ~ Telephone (251) 508-1674

	cation will be treated discreetled. If necessary, attach additions			c. is obligated in any way by		
(Please print or type)	E-Ma	E-Mail Address:				
Name:		Middle Preferred Tele #: Cell - Work - Home (Please circle)				
Last	First					
Spouse: Last	First	Prefe	erred Tele #:	Cell - Work - Home (Please circle)		
Address:						
		City	State	Zip Code		
-	lease be as specific as poss					
1	2		3			
PERSONAL INFORMA	TION					
Date of Birth:	Marital Status:	Single/Married (Circle)		n of the United States YES / NO at country?		
Home: Own:	Rent: Ho	w Long?				
Last Residence:		How Long?				
BUSINESS EXPERIENC	CE					
Current Employment:						
Posit	tion Company	Addres	s	Phone		
How Long? Years:	Months:	Current Annu	al Salary:			
Supervisor: Title	e:		May we contact?			
Previous Employment:						
Po.	sition Company	Addres		Phone		
How Long? Years:	Months:	Previous Ann	ual Salary:			
			_ May we contact?			
Current Employment (Spo	ouse):	4.11		DI.		
				Phone		
		Current Anni	iai Saiary:			
Previous Employment:	tion Company	Addres	S	Phone		
	Months:	Previous Ann	nual Salary:			
Annual Total Income (A	ll Sources): \$	(Please at		returns for the last two years)		
EDUCATION						
Circle last year of school of	completed: High School 1 -	-2-3-4 Colle	ge $1 - 2 - 3 - 4$	Graduate Studies $1 - 2 - 3 -$		
If college graduate, provid	le name of school:		Year graduated	lMajor		
Hobbies, or outside interes						
- ` '	· / —					



BUSINESS INFORMATION

2. Were you referred by some	eone connected to	o Mediterranean S	Sandwich Co.? If Yes, who?	,		
3. Have you ever owned a fra	nchise?	— If yes, give n	name(s) of franchise:			
4. Arc you still involved with	this franchise:	e: If not, why not?				
			nean Sandwich Co. franchise?			
5. Do you regard this franchis	se as a career cho	oice, or as an inve	estment?			
			wich Co. franchise, please describe y			
3. If you will not be involved Mediterranean Sandwich C			aurants will your operator have an edin:	quity position in the		
. Are you applying as an Ind	ividual, Partners	ship or Corporation	on (circle one)?			
0. Do you represent (individ	ually or collectiv	vely) capital suffi	cient to commit to a multi-location of	levelopment agreement?		
If No, please explai	n:					
1. Do you have a business p	•					
			ou would like us to consider during o	our avaluation?		
•	_		_	our evaluation?		
Explain:						
		If y	es, please give date and details:			
REFERENCES AND FINA		If y				
REFERENCES AND FINA Bank Reference:		If y				
REFERENCES AND FINA Bank Reference: Name	NCIAL INFOR	If y	es, please give date and details:			
REFERENCES AND FINA Bank Reference: Name	NCIAL INFOR	If y	es, please give date and details:	Contact Phone		
REFERENCES AND FINA Bank Reference: Name Name	NCIAL INFOR	If y	yes, please give date and details: Acct. #	Contact Phone		
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REFERENCES AND FINA Bank Reference: Name Name Business Reference:	NCIAL INFOR	If y	yes, please give date and details: Acct. #	Contact Phone Contact Phone		
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Mediterranean Sandwich Co. Application



Life insurance (cash surrender value)	Home	
Other stocks and bonds	Other	
Equity in business ventures – liquid (Note 1)	Other liabilities (Note 2)	
Other assets (itemize) (Note 1)	Total Liabilities	\$
TOTAL ASSETS:	\$ TOTAL NET WORTH (assets minus liabilities)	\$

Note 1 – If you own a majority interest in a business, please attach copies of *financial* statements for current and prior years.

Note 2 – Please list guarantees and/or other contingent liabilities.

Applicant please read and sign:

I/We certify that the information given is true, correct and complete and is given for the purpose of obtaining credit information for evaluation purposes. By signature below, applicant acknowledges he/she authorizes any company references or consumer reporting/credit agencies to furnish MSC Franchise, Inc. with verification of deposits and/or credit records/history.

The undersigned certifies that the information supplied on this personal financial statement and any financial information submitted on other forms is true and correct. Also, please submit Tax Returns for the previous 2 years. Processing of this application will not begin until information is complete and submitted.

DATE:	SIGNATURE:
	PRINTED NAME:
DATE:	SIGNATURE:
	PRINTED NAME:

THIS INFORMATION IS NOT INTENDED AS AN OFFER TO SELL, OR THE SOLICITATION OF AN OFFER TO BUY A FRANCHISE. IT IS FOR INFORMATION PURPOSES ONLY. SEVERAL STATES REGULATE THE OFFER AND SALE OF FRANCHISES, AND THEREFORE MAY REQUIRE ADDITIONAL INFORMATION FROM US. IF YOU ARE A RESIDENT, OR DESIRE A FRANCHISE IN ONE OF THESE STATES, WE WILL NOT OFFER YOU A FRANCHISE UNLESS AND UNTIL WE HAVE COMPLIED WITH APPLICABLE.