



Personal Financial Statement

CONTACT YOUR BANK REPRESENTATIVE IF YOU HAVE ANY QUESTIONS REGARDING THE COMPLETION OF THIS FORM.

You may apply for a credit extension or financial accommodation individually or jointly with a co-applicant. This statement and any applicable supporting schedules may be completed jointly by both married and unmarried co-applicants if their assets and liabilities are sufficiently joined so that the statement can be meaningfully and fairly presented on a combined basis; otherwise separate statements and schedules are required.

APPLICANT

Name _____ Social Security # _____

Address _____

Telephone # _____ Date of Birth _____

Present Employer _____ Position _____

Address _____

CO-APPLICANT

Name _____ Social Security # _____

Address _____

Telephone # _____ Date of Birth _____

Present Employer _____ Position _____

Address _____

SCHEDULE 1: Due from Friends, Relatives & Others

Name of Debtor	Owed To	Collateral	How Payable	Maturity Date	Unpaid Balance		
			\$ per				
			\$ per				
			\$ per				
TOTAL							

SCHEDULE 2: Mortgage and Contracts for Deed Owned

Name of Debtor	Type of Property	1st or 2nd Lien	Owed To	How Payable	Unpaid Balance		
				\$ per			
				\$ per			
				\$ per			
TOTAL							

SCHEDULE 3: Securities Owned

No. of Shares or Bond Amount	Description	In Whose Name(s) Registered	Cost			Present Market Value			L-Listed U-Unlisted
TOTAL									

SCHEDULE 4: Life Insurance

Insured	Insurance Co.	Beneficiary	Face Value of Policy			Cash Value			Loans		
TOTAL											

SCHEDULE 5: Real Estate

Address and Type of Property	Title in Name(s) of	Monthly Income	Cost Year Acquired	Present Market Value			Amount of Insurance		
Homestead			\$						
			Year						
			\$						
			Year						
			\$						
			Year						
			\$						
			Year						
			\$						
			Year						

SCHEDULE 6: Mortgages or Liens on Real Estate

To Whom Payable	How Payable	Interest Rate	Maturity Date	Unpaid Balance		
Homestead	\$ per					
	\$ per					
	\$ per					
	\$ per					
	\$ per					

SCHEDULE 7: Notes Payable Banks & Others And Installement Contracts Payable

To Whom Payable	Address	Collateral or Unsecured	How Payable	Unpaid Balance		
			\$ per			
			\$ per			
			\$ per			
			\$ per			
			\$ per			

APPLICANT

CO-APPLICANT

Have you ever gone through bankruptcy or had a judgment against you?

Yes No

Yes No

Are any assets pledged or debts secured except as shown?

Yes No

Yes No

Have you made a will?

Yes No

Yes No

Number of Dependents
(if none, check "None")

_____ None _____ None

Marital Status

(answer only if this financial statement is provided in connection with a request for secured credit or applicant is seeking a joint account with spouse).

Married

Married

Separated

Separated

Unmarried

Unmarried

(Unmarried includes single, divorced, widowed)

The foregoing statement, submitted for the purpose of obtaining credit, is true and correct in every detail and fairly shows my/our financial condition at the time indicated. I/we will give you prompt written notice of any subsequent substantial change in such financial condition occurring before discharge of my/our obligations to you. I/we understand that you will retain this personal financial statement whether or not you approve the credit in connection with which it is submitted. You are authorized to check my/our credit and employment history or any other information contained herein.

THE UNDERSIGNED CERTIFY THAT THE INFORMATION CONTAINED ON THIS FORM HAS BEEN CAREFULLY REVIEWED AND THAT IT IS TRUE AND CORRECT IN ALL RESPECTS.

Date

Applicant Signature

Date

Co-Applicant Signature
(if you are requesting the financial accommodation jointly)



FRANCHISE



APPLICATION

Today's Date ____ / ____ / ____

Personal Information

(Please print or type clearly)

Name of Principal Applicant: _____

Date of Birth: ____ / ____ / ____ Social Security Number: ____ - ____ - ____

Resident Street Address: _____

City: _____ State: _____ Zip Code: _____ Own or Rent: _____

Home Phone Number: _____ Number of Years at Above Address: _____

Business Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Business Phone Number: (____) _____ Other Phone Number: (____) _____

Title: _____ Number of Years at Current Position: _____

Last Year of Education Completed: **9** **10** **11** **12** **1** **2** **3** **4** **1** **2** **3** **4**
(High School) (College) (Graduate)

College Attended: _____ Major/Degree: _____

Graduate School: _____ Major/Degree: _____

Marital Status: Married Single If Married, Will Spouse be in the Business? _____

Spouse Name: _____ Date of Birth: ____ / ____ / ____

Spouse Occupation: _____

Children: Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Other Dependents: _____ Relationship: _____

Employment History

Company Name: _____ Address: _____

From: _____ to _____ Title: _____

Type of Business: _____ Annual Salary: _____

Company Name: _____ Address: _____

From: _____ to _____ Title: _____

Type of Business: _____ Annual Salary: _____

Have you ever owned and operated your own business? _____ (If yes please describe your business in detail):

Have you ever owned a food franchise or food operation? _____

If yes, Name Franchisor: _____

Name of Food Operation: _____ Location: _____

Have you or any business entity in which you owned an interest, been involved in bankruptcy, insolvent proceedings, or compromised with creditors? _____ (If yes, please state details): _____

Management, Principals & Location

Will you have a business partner? If so, please indicate below.

	% of Ownership	% Of Time Devoted
1. Name: _____	_____	_____
Address: _____		

2. Name: _____	_____	_____
Address: _____		

3. Name: _____	_____	_____
Address: _____		

In what city or town are you interested? _____

Second choice: _____ Third choice: _____

If cash is not available, how would investment be obtained? (loans, etc.) _____

References

Please list two banking references:

Telephone #

Name of Contact

1. Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

2. Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Please list two personal references (do not list relatives):

Telephone #

Relationship

1. Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

2. Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

General Questions

Will you devote 100% of your time to your restaurant? _____

Our commitment is to provide a total quality customer experience every time. Do you think you can live up to the commitment? _____

Please tell us anything else to provide more background information such as, family business history, unusual business ventures, tax considerations, etc.

The undersigned certifies that the information furnished in this Broadway Station Restaurants® application is true and correct to the best of my knowledge. Submitting this application does not obligate Broadway Station Restaurants® or myself in any way or manner.

Signed (applicant)

Signed (applicant)

Date



Thank you for your interest in Broadway Station Restaurants!