



APPLICATION FOR A MOTIVATED MOVERS FRANCHISE

(Please complete all 4 pages and return to Motivated Movers Franchising Corp)

I/We _____ and _____
(applicant name) (co-applicant name)

of _____
(company name)

hereby submit an application to Motivated Movers Franchising Corp, 1969 Chandalar Drive, Suite B, Pelham, AL 35124 for a Motivated Movers Franchise.

Our Motivated Movers Franchise is to be located in:

_____ (City), _____ (State)

This application once submitted is subject to the following terms and conditions:

1. The Initial Franchise Fee for this franchise is \$35,000.00 payable in cash/check when the Franchise Agreement is signed. Fee for each additional franchise is \$25,000.00. Area Development Agreements are available.
2. I/We acknowledge that I/we have, at least fourteen calendar days prior to the signing of the Franchise Agreement or paying any fee, received Motivated Movers Franchising Corp's current form of the Franchise Agreement will be provided at least 7 days prior to signing, and that all other terms are to be in accordance with it.
3. I/We have submitted a completed Franchise Application, including a completed Individual Financial Statement on Motivated Movers Franchising Corp's for and I/we hereby authorize Motivated Movers Franchising Corp and/or their designated agents to conduct an investigation of my/our background(s) to verify the information submitted.
4. I/We acknowledge and understand that submission of this application does not bind or obligate Motivated Movers Franchising Corp to issue a Motivated Movers Franchise to me/us.

APPLICANT SIGNATURE

CO-APPLICANT SIGNATURE

APPLICANT NAME (PRINT)

CO-APPLICANT NAME (PRINT)

DATE SIGNED

DATE SIGNED



FRANCHISE APPLICATION

Motivated Movers Franchising Corp
 1969 Chandalar Drive, Suite B
 Pelham, AL 35124

Returning this application does not obligate you or Motivated Movers Franchising Corp, in any way and does not constitute an agreement for a franchise.

Please Print or Type This Section to Be Completed by Applicant

Applicant Information

Applicant			Co-Applicant		
Name			Name		
Social Security Number	Home Phone Cell Phone	DOB (mm/dd/yyyy)	Social Security Number	Home Phone Cell Phone	DOB (mm/dd/yyyy)
<input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Separated	Dependents (not listed by Co-Applicant) # _____ Ages: _____		<input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Separated	Dependents (not listed by Applicant) # _____ Ages: _____	
Present Address (street, city, state, zip)	<input type="checkbox"/> Own <input type="checkbox"/> Rent _____ Years		Present Address (street, city, state, zip)	<input type="checkbox"/> Own <input type="checkbox"/> Rent _____ Years	
Mailing Address, if different from Present Address			Mailing Address, if different from Present Address		
If residing at present address for less than two years, complete the following:					
Former Address (street, city, state, zip)	<input type="checkbox"/> Own <input type="checkbox"/> Rent _____ Years		Former Address (street, city, state, zip)	<input type="checkbox"/> Own <input type="checkbox"/> Rent _____ Years	
Education – Highest Grade Completed:			Education – Highest Grade Completed:		
College or University Attended:			College or University Attended:		
City, State			City, State		
Degree/Major			Degree/Major		
Email Address			Email Address		
Employment Information					
Applicant			Co-Applicant		
Name & Address of Employer			Name & Address of Employer		
Position/Title			Position/Title		
Dates (From/To)	Business Phone		Dates (From/To)	Business Phone	

<i>If employed in current position for less than two years, complete the following:</i>					
Name & Address of Employer			Name & Address of Employer		
Dates (From/To)	Position/Title	Business Phone	Dates (From/To)	Position/Title	Business Phone
Name & Address of Employer			Name & Address of Employer		
Dates (From/To)	Position/Title	Business Phone	Dates (From/To)	Position/Title	Business Phone
Name & Address of Employer			Name & Address of Employer		
Dates (From/To)	Position/Title	Business Phone	Dates (From/To)	Position/Title	Business Phone

Franchise Information

When will you be available to start your franchise?		
Will you work in your franchise <input type="checkbox"/> full or <input type="checkbox"/> part time? If part time, please explain why?		
Please list your preferences for location (city, state):		
1.		
2.		
3.		
Are you willing to relocate? <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, date available to relocate?
What level of income do you initially expect to earn from your business?		
Why are you interested in becoming a Motivated Movers Franchisee?		
<i>Personal References (other than employees or relatives):</i>		
Name:	Address:	Phone:
1.		
2.		
3.		

Current Financial Statement as of _____ (date)

FINANCIAL STATEMENT			
ASSETS		LIABILITIES	
Cash on Hand	\$	Notes Payable	\$
Savings Accounts	\$	Auto Loans/Leases	\$
Autos (<i>current market value</i>)	\$	Credit Cards	\$
Home	\$	Other Installment Loans	\$
Other Real Estate	\$	Mortgages on Real Estate	\$
Stocks & Bonds	\$	Other Liabilities	\$
Securities	\$	Total Liabilities =	\$
Other Assets & Personal Property	\$	NET WORTH	
Life Insurance- <i>Cash Value Only</i>	\$	Total Assets – Total Liabilities = \$ _____	
Total Assets =	\$		

What is your current annual income (include all sources): \$ _____

Personal capital available to invest: \$ _____

Which items would you convert to cash if necessary to meet the initial cash requirements)? _____

Market Value \$ _____

Credit History & Financials (*Please attach an explanation of any question answered "Yes"*)

Have you ever filed bankruptcy? No Yes, Type & Date filed: _____

Do you have any collection items, child support payments, judgments, unpaid taxes or payment plans (personal or business)? No Yes

Are you or your business involved in any pending lawsuits? No Yes

Have you ever been convicted, charged or indicted for a felony? No Yes

NOTE: As part of our procedures for processing your application, investigate reports may be requested from personal references, financial sources, retail credit bureau, etc. By signing this application, you hereby authorize Motivated Movers Franchising Corp to obtain these reports.

 APPLICANT SIGNATURE

 CO-APPLICANT SIGNATURE

 APPLICANT NAME (PRINT)

 CO-APPLICANT NAME (PRINT)

 DATE SIGNED

 DATE SIGNED

1. I understand that an investigative report may be generated on me that may include information as to my character, general reputation, personal characteristics, or mode of living; work habits, performance or experience, along with reasons for termination of past employment/professional license or credentials; financial/credit history; or criminal/civil/driving record history. I understand that USAintel, Inc. and/or Merchant's Credit Bureau on behalf of Motivated Movers Franchising Corp (MMFC) may be requesting information from public and private sources about any of the information noted earlier in this paragraph in connection with MMFC's consideration of me for a franchise contract, or any time during my contract with MMFC, and give my full consent for this information to be obtained.
2. I acknowledge that a telephonic facsimile (FAX) or photographic copy of this release shall be as valid as the original. This release is valid for most federal, state, and county agencies.
3. I hereby authorize, without reservation, any financial institution, law enforcement agency, information service bureau, school, employer, or insurance company contacted by USAintel, Inc. and/or Merchant's Credit Bureau to furnish the information described in Section 1.

Each Applicant Should Complete the Following:

Print name: _____
(First) (Middle) (Last) (Maiden)

Other Names Used: _____

Current Address Since: (Mo/Year) _____
Street _____
City _____
State/Zip _____

The following information is required by law enforcement agencies and other entities for positive identification purposes when checking public records. It is confidential and will not be used for any other purposes.

Date of Birth: _____ Social Security Number _____

Driver's License Number and State _____ Name as it appears on License _____

Have you ever been convicted of a crime? ___ No ___ Yes If yes, please provide city and state of conviction and details of conviction. _____

Signature

Today's Date

FAIR CREDIT REPORTING ACT NOTICE:

In accordance with the Fair Credit Reporting Act (FCRA, Public Law 91-508, Title VI), this information may only be used to verify a statement(s) made by an individual in connection with legitimate business needs. The depth of information available varies from state to state. Statute of updates are available on request. Although every effort has been made to assure accuracy, USAintel.com cannot act as guarantor of information accuracy or completeness. Final verification of an individual's identity and proper use of report contents are the user's responsibility. USAintel.com policy requires purchasers of these reports to have signed a Service Agreement. This assures USAintel.com users are familiar with and will abide by their obligations, as stated in the FCRA, to the individuals named in these reports. If information contained in this report is responsible for the suspension of an employee or the application process, have the Candidate/employee contact USAintel.com.

Authorization Release

