

HUFFMAN SYSTEMS, INC.

BUSINESS EXPERIENCE

Work history and/or business started – Please attach resume if available.

Please give present or most recent position first, and provide the last 10 years of work/business history. Attach an additional sheet if necessary.

Company: _____ | City: _____ | State: _____
Type of Business: _____ | Position: _____
Employed From: _____ | To: _____
Primary Responsibilities: _____

May we contact this company? _____ Contact: _____ Telephone: () _____

Company: _____ | City: _____ | State: _____
Type of Business: _____ | Position: _____
Employed From: _____ | To: _____
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HUFFMAN SYSTEMS, INC.

SCHEDULE #1 – BANKING REFERENCES (List all bank accounts including Savings and Loans)		
Bank Name and Address	Account Number	Cash Balance
		\$
		\$
		\$
		\$
TOTAL SCHEDULE #1		\$

SCHEDULE #2 – STOCKS AND BONDS				
Number of Shares	Description of Security	Marketable or Non	Balance on Margin	Current Market Value
			\$	\$
			\$	\$
			\$	\$
			\$	\$
TOTAL SCHEDULE #2				\$

SCHEDULE #3 – ACCOUNTS / NOTES RECEIVABLE		
Received From	Amount	
	\$	
	\$	
	\$	
	\$	
TOTAL SCHEDULE #3		\$

SCHEDULE #4 – REAL ESTATE INVESTMENTS (List all real estate held)						
The legal and equitable title to all real estate listed in this statement is in the name of the applicant unless otherwise indicated.						
Description	Date of Purchase	Cost	Mortgage Balance	Market Value	Liens	Payment
						\$
						\$
						\$
TOTAL SCHEDULE #4						\$

SCHEDULE #5 – LOANS, NOTES AND MORTGAGE PAYABLE		
Payable To	Amount	
	\$	
	\$	
	\$	
	\$	
TOTAL SCHEDULE #5		\$

SCHEDULE #6 – CREDIT CARD DEBT		
Payable To	Amount	
	\$	
	\$	
	\$	
	\$	
TOTAL SCHEDULE #6		\$

HUFFMAN SYSTEMS, INC.

FINANCIAL INFORMATION

ASSETS:	Amount	LIABILITIES:	Amount
Cash on hand and in banks	\$	Loans, Notes and Mortgage Payable	\$
(See schedule #1 on next page)	Total of Sched 1	(See schedule #5 on next page)	
Stocks and Bonds	\$		
(See schedule #2 on next page)	Total of Sched 2		
Accounts Receivable	\$		
(See schedule #3 on next page)	Total of Sched 3		
Real Estate Investments	\$	Credit Card Debt	\$
(See schedule #4 on next page)	Total of Sched 4	(See schedule #6 on next page)	
Net Value of Business	\$	Other Liabilities (Itemize)	\$
(Enclose most recent financial statement)			\$
			\$
Other Assets (Itemize)			\$
	\$		\$
	\$		\$
	\$		\$
Total Assets	\$	Total Liabilities	\$

*Indicates true cash value, not face value.

TOTAL NET WORTH (Total Assets Less Total Liabilities)	\$
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This disclosure of my financial assets and liabilities is made as of the _____ day of _____, 20 ____.
 I hereby attest to the accuracy of this financial data and authorize Huffman Systems, Inc., or its authorized agent, to verify any and all data submitted, and to make any additional credit / background checks which it deems necessary.

I further authorize Huffman Systems, Inc. or its agent, to release financial and other information concerning me (us) to prospective financial sources upon request.

Signature of Applicant: _____ Date: _____

Signature of Co-Applicant: _____ Date: _____

Signature of Witness: _____ Date: _____

HUFFMAN SYSTEMS, INC.

PERSONAL INFORMATION

Name: _____ Social Security Number: _____

Address: _____

City/State/Zip: _____

Home Telephone: _____

Driver's License Number: _____

Work Telephone: _____

Date of Birth: _____

Best Time to Call: _____

Own or Rent: _____

E-mail Address: _____

How Long at this Address: _____

Marital Status: _____

Have You Ever Been Convicted of a Felony? _____

Number of Dependents: _____

If Yes, Please Provide Brief Detail: _____

Spouse's Name: _____

Will Spouse Be Active in Franchise: _____

If Yes, Spouse's SSN: _____

Spouse's Birthdate: _____

Spouse's Driver's License: _____

Spouse's Work Phone: _____

EDUCATION EXPERIENCE

	<u>Name of Institution</u>	<u>Location</u>	<u>Major/Degree</u>
High School:			
College:			
Graduate:			
Post Graduate:			
Other:			

HUFFMAN SYSTEMS, INC.

PERSONAL REFERENCES

Name: _____ Relationship: _____ Home Phone: _____
Address: _____ Work Phone: _____
City: _____ State: _____ Zip Code: _____ Years Known: _____

Name: _____ Relationship: _____ Home Phone: _____
Address: _____ Work Phone: _____
City: _____ State: _____ Zip Code: _____ Years Known: _____

Name: _____ Relationship: _____ Home Phone: _____
Address: _____ Work Phone: _____
City: _____ State: _____ Zip Code: _____ Years Known: _____

GENERAL INFORMATION

How did you hear about Huffman Systems, Inc.? _____

Have you or any member of your family ever been affiliated with or employed by any Huffman Systems, Inc. franchise owners? Yes No
If yes, provide details: _____

Do you now or have you ever owned a business? Yes No
If yes, please explain: _____

Do you intend to operate and manage this franchise yourself? Yes No
If no, who will be responsible for the daily operation? _____

Assuming your review of Huffman Systems, Inc. is positive, are you prepared to make a decision about the franchise opportunity within sixty (60) days? Yes No

When would you like to open your store? Month _____ Year _____
What is your geographical area of interest? _____

Are you willing to consider other locations? Yes No
How many Huffman Systems, Inc. locations are you interested in opening? _____

Please use this space to provide any additional details which may assist us in evaluating your qualifications for a Huffman Systems, Inc. franchise:

Applicants are not required to give any information prohibited by law. Our franchise policies are non-discriminatory regarding age, color, sex, religion, national origin, marital status, race, handicap or Vietnam era status.