

WOODY'S Confidential Information Form

Bar-B-Q®

Surname: _____ First Name: _____
 Date of Birth: _____ S.S.N No: _____ Marital Status: _____
 Spouse's Name: _____ Spouse's S.S.N No: _____ Date of Birth: _____
 Home Address: _____ Years there: _____
 City: _____ State/Prov: _____ Zip/Postal Code: _____
 Tel. # Home: () _____ Tel. # Office: () _____ Fax #: () _____
 E-Mail: _____ Tel. # Cell : () _____

Present Occupation: _____
 Company: _____ Address: _____
 Salary: _____
 Duties/Responsibilities: _____
 Spouse's Occupation: _____
 Company: _____ Address: _____
 Salary: _____

Are you now self employed (yes/no): _____ (If yes, complete the following):
 Firm: _____ Phone Number: () _____
 Type of business: _____ Years in business: _____
 Your Title: _____ Yearly Sales: _____ Salary: _____

ASSETS:

Cash \$ _____
 Stocks, Bonds & Securities \$ _____
 Accts, Notes Receivable \$ _____
 Real Estate (Market Value) \$ _____
 Mortgage Receivable \$ _____
 Cash value – Life Insurance \$ _____
 Mutual Funds \$ _____
 Automobiles (Market value) \$ _____
 Other assets \$ _____
TOTAL (A) \$ _____

LIABILITIES:

Unpaid Taxes \$ _____
 Loans \$ _____
 Other bank loans \$ _____
 Mortgage loan \$ _____
 Other liabilities \$ _____
TOTAL (B) \$ _____
NET WORTH (A-B) \$ _____

How did you hear about Woody's franchise opportunity? _____
 Are you seeking an individual franchise or multiple units? _____

THE UNDERSIGNED HEREBY DECLARE THAT ALL THE INFORMATION PROVIDED HEREIN IS TO THE BEST OF MY KNOWLEDGE TRUE, COMPLETE AND CORRECT AND UNDERSTAND IT MAY BE USED TO DETERMINE CREDIT WORTHINESS. THE UNDERSIGNED FURTHER CONSENT (S) TO MAKING ANY INQUIRIES IT DEEMS NECESSARY ON THIS APPLICATION, AND CONSENT(S) TO THE DISCLOSURE AT ANY TIME OF ANY CREDIT INFORMATION ABOUT ME/US TO/FROM ANY CREDIT REPORTING AGENCY.

Signature _____

Date _____

Please fax to: 904-992-0551 • email to: admin@woodysbarbq.com
 or mail to:
 Woodys Bar-B-Q, 4745 Sutton Park Court Suite 301, Jacksonville FL 32224