

# Physicians' Commercial Real Estate, LLC.

## 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: _____	
Primary Responsibilities:		

\_\_\_\_\_  
\_\_\_\_\_

May we contact this company? \_\_\_\_\_ Contact: \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_

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: _____	
Primary Responsibilities:		

\_\_\_\_\_  
\_\_\_\_\_

May we contact this company? \_\_\_\_\_ Contact: \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_

Physicians' Commercial Real Estate, LLC.

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

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

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

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

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

<b>SCHEDULE #6 – CREDIT CARD DEBT</b>		
<b>Payable To</b>	<b>Amount</b>	
	\$	
	\$	
	\$	
	\$	
<b>TOTAL SCHEDULE #6</b>		\$

Physicians' Commercial Real Estate, LLC.

SCHEDULE #7 – LIFE INSURANCE								
Person Insured	Beneficiary	Insurance Co.	Type of Policy	Face Amount of Policy	Total Cash Surrender Value	Total Loans Against Policy	Amount of Yearly Premium	Is Policy Assigned?

**PHYSICAL CONDITION**

GENERAL PHYSICAL CONDITION	DATE OF LAST PHYSICAL EXAM	YEAR _____
LIST ANY PHYSICAL IMPAIRMENTS OR CHRONIC ILLNESSES WHICH MAY PRECLUDE CERTAIN TYPES OF ACTIVITIES		EARNED (salary, commissions, fees, etc.) \$ _____
		INTEREST & DIVIDENDS RECEIVED \$ _____
		RENTS RECEIVED \$ _____
		OTHER INCOME \$ _____
		_____ \$ _____
		_____ \$ _____
		_____ \$ _____
EXPLAIN		_____ \$ _____
		_____ \$ _____
		GROSS INCOME \$ _____

**CONTINGENCIES**

Do you have any contingent liabilities? _____ If so, please itemize _____
Are any of your assets pledged? _____
Are you a defendant in any lawsuits or legal actions? _____
Have you ever taken bankruptcy? _____ _____

**In submitting the foregoing application and statement, the undersigned guarantees its accuracy with the intent that it be relied upon in granting a franchise and extending credit to the undersigned and warrants that he/she has not knowingly withheld any information that might affect his/her credit risk, and the undersigned expressly agrees to notify Franchisor immediately in writing of any material change in his/her financial condition whether application for further credit is made or not and in the absence of such written notice, it is expressly agreed that Franchisor in granting a franchise or credit may rely on this statement as having the same force and effect as if delivered upon the date additional credit is requested or existing credit is extended or continued.**

**The undersigned certifies that each part of the application and financial statements hereof and the information inserted herein has been carefully read and is true and correct.**

Date \_\_\_\_\_ Signed \_\_\_\_\_

Initial \_\_\_\_3

## Physicians' Commercial Real Estate, LLC.

### FINANCIAL INFORMATION

<b>ASSETS:</b>	<b>Amount</b>	<b>LIABILITIES:</b>	<b>Amount</b>
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)			\$
	\$		\$
	\$		\$
<b>Total Assets</b>	<b>\$</b>	<b>Total Liabilities</b>	<b>\$</b>

\*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 Physicians' Commercial Real Estate, LLC., 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 Physicians' Commercial Real Estate, LLC. 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: \_\_\_\_\_

Physicians' Commercial Real Estate, LLC.

**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: \_\_\_\_\_

\_\_\_\_\_

Occupation of Spouse: \_\_\_\_\_

**EDUCATION EXPERIENCE**

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

# Physicians' Commercial Real Estate, LLC.

## PERSONAL REFERENCES

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

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

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

## GENERAL INFORMATION

How did you hear about Physicians' Commercial Real Estate, LLC.?  
\_\_\_\_\_

Have you or any member of your family ever been affiliated with or employed by any Physicians' Commercial Real Estate, LLC. 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 Physicians' Commercial Real Estate, LLC. 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 Physicians' Commercial Real Estate, LLC. 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 Physicians' Commercial Real Estate, LLC. 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.