



PERSONAL PROFILE

PLEASE NOTE: ALL INFORMATION CONTAINED IN THIS FORM WILL BE KEPT CONFIDENTIAL. THIS IS NOT A FRANCHISE APPLICATION AND SHALL NOT BE CONSTRUED AS AN OFFER OF A FRANCHISE, A COMMITMENT OR A BINDING AGREEMENT ON ANY PARTY. SUBMISSION OF THIS FORM DOES NOT OBLIGATE YOU TO PURCHASE A FRANCHISE, NOR DOES IT OBLIGATE USA INSULATION FRANCHISE, LLC TO AWARD YOU A FRANCHISE OR TO PROVIDE YOU ANY PRIORITY OR PREFERENTIAL TREATMENT OVER ANY OTHER APPLICANT OR FRANCHISEE.

YOURSELF

Name:

First Middle Last

Address

Street

City State/Country Zip/Postal Code

E-Mail Address: _____

Home Phone: _____ Fax: _____

Business Phone: _____ Alt Phone: _____

Cell Phone: _____

List dependents and ages:

BUSINESS PARTNER/SPOUSE/SIGNIFICANT OTHER

Name:

First Middle Last

Address

Street

City State/Country Zip/Postal Code

E-Mail Address: _____

Home Phone: _____ Fax: _____

Business Phone: _____ Alt Phone: _____

Cell Phone: _____

List dependents and ages:

Personal Profile

YOURSELF

Present employer: _____

Title: _____

Job Description: _____

Length of Employment: _____

Annual Salary: _____

Other/Previous Positions of Significance:

Other sources of Income:

*If you have a current resume please attach.

Please describe your level of computer skills in the following:

	None	Beginner	Intermediate	Advanced
Microsoft Word	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Excel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Internet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

BUSINESS PARTNER/SPOUSE/SIGNIFICANT OTHER

Present employer: _____

Title: _____

Job Description: _____

Length of Employment: _____

Annual Salary: _____

Other/Previous Positions of Significance:

Other sources of Income:

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Excel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Internet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Personal Profile

Describe ongoing or past community/civic involvement, providing as much detail as possible, including dates, responsibilities, achievements, etc.

Your Educational Background

School Attended (Name, City)	Years	Grade or Degree Attained

How did you become interested in USA Insulation?

What are your primary reasons for wanting to own your own business?

What are your primary concerns with owning and operating your own business?

Please tell us why you believe you will be a successful USA Insulation franchise owner. Make specific reference to desirable character traits, your transferable skills, your work experience, and your professional goals.

Have you ever been convicted of a felony? Yes No If yes, please explain.

Is your business partner planning on being active in the business, and in what capacity?

Are you planning to have your spouse active in the business, and in what capacity?

Will any other family members be involved in the business, and in what capacity?

Personal Profile

What is the extent of your research into franchising and USA Insulation?

What are the main benefits you hope to gain from the USA Insulation franchise system?

Have you ever owned a franchise before? If so, please describe.

Have you ever operated your own business? If so, please describe.

Planned grand opening date of your USA Insulation franchise: _____

In what geographical area(s) (County) would you like to open your franchise(s)?

First Choice:

City/County	Estimated Population
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Second Choice:

City/County	Estimated Population
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Third Choice:

City/County	Estimated Population
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Are you interested in multiple units? Yes No

ASSETS		LIABILITIES	
Bank account balances:		Mortgage:	\$
Checking:	\$	Notes Payable: Bank	\$
Savings:	\$	Notes Payable: Other	\$
Stocks and Bonds:	\$	Credit Cards:	\$
Retirement Plans:	\$	Other Debts (i.e. Auto, etc.):	
Real estate owned (home):	\$	list below	\$
Real estate owned (other):	\$		\$
Other income; list below:			\$
	\$		\$
	\$		\$
Total Assets:	\$	Total Liabilities:	\$
(excluding your & your spouse's personal income from present occupations)		TOTAL ASSETS minus TOTAL LIABILITIES = NET WORTH:	
			\$

Personal Profile

Amount of capital to invest: _____

Source of Capital: _____

Estimated credit rating: Excellent Fair Poor

Score if known: _____

Have you or your spouse ever filed for business or personal bankruptcy? Yes No

If yes, when? _____

Have you ever had a judgment or lien entered against you? Yes No

If yes, please explain: _____

Other financial information that may be pertinent to your financial status:

This is not a contractual agreement.

The signing of this agreement does not bind or obligate you in the purchase of a USA Insulation franchise.

I/We certify by signing my/our names here that all information on this form is true and accurate to the best of my/our knowledge.

PRINTED NAME

DATE

SIGNATURE

PRINTED NAME

DATE

SIGNATURE

Please fax this completed document to 480-626-7420, Attention: Franchise Operations
1351 E. 357th St. #5
Eastlake, OH 44095
Phone: (877) 903-6800