



International Candidate Qualification Summary

(Please return immediately)

Personal Information:

Miss Mr. Mrs. Ms

Date of Birth ___/___/_____

Last Name _____ First Name _____ Middle _____

Address _____

City _____ Country _____

Postal Code/Zip Code _____

Home Phone (____) _____ Cell Phone (____) _____ Work Phone (____) _____

Fax (____) _____ Email _____ Best time to call _____ am/pm

Residence: Own Lease/Rent

Marital Status: Married Single

Spouse's Name (if applicable) _____

Children's Names and Ages _____

Were you referred to us by a franchisee? Yes No

If 'yes', who? _____

Former Employers – list your last two employers below: start with last one first.

Dates Employed	Employer's Name and Address	Salary	Position	Reason for leaving
From: To:				
From: To:				

Education; Highest Level Achieved: _____

College/University Attended	Major Field(s) of Study	Years Attended/Degree(s) Rec'd.

Professional Training and/or Certifications:

References:

Name: _____

Name: _____

Phone: _____

Phone: _____

Best time to call: _____

Best time to call: _____

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Financial/Personal Data:

Current Annual Income \$ _____ Spouse's Annual Income \$ _____

Capital Available for Investment: \$ _____

Do You Have a Financing Resource? _____

Statement of Financial Condition please state if Business Personal Combined

Assets		Liabilities	
Cash on hand/in the bank	\$	Notes Payable	\$
Real Estate Owned	\$	Mortgage	
Marketable Securities		Other Obligations (itemize)	
Automobiles			
Personal Property			
Notes Receivable			
Retirement Savings			
Profit Sharing			
Other Assets			
Total Assets	\$	Total Liabilities	\$

Availability:

When would you be available to visit our Corporate Headquarters in Florida?

3-4 weeks 2-3 months other dates: _____

When would you be available to start your franchise? _____

What are your preferred locations (please be specific)?

- 1. _____
- 2. _____
- 3. _____

How did you hear about Tikiz?

Tell us about any other information you believe would assist us in evaluating your qualifications:

By submitting this completed form, it is understood that I am under no obligation and that this information is provided to assist in evaluating my personal, professional and financial qualifications as a prospective franchisee. I understand that you may check my credit history as part of this process and hereby give my permission to do so.

Signature: _____ Date: _____

For office use only:

For visit to our Headquarters

Accepted for Area Developer license

Approved Disapproved

Approved Disapproved