



Application for Additional Information

The filing of this Application does not obligate the applicant to purchase or the franchisor to sell a franchise.

(Complete in full and do not use abbreviations. Please print clearly or type.)

Date _____ / _____ / _____ Citizen of _____ Date of Birth _____ / _____ / _____
 Identification /
 Name _____ Social Security # _____
Last First Middle
 Other names known by _____ Are you of legal age in your state/province and/or area of residence? Yes No

Have you ever been convicted of a felony? Yes No
 Have you ever been associated directly or indirectly with terrorist activities? Yes No
 Have you been involved in any litigation proceedings within the last 5 years? Yes No
(If yes, you will be required to provide the following when purchasing the franchise: names of the parties involved, date filed, court where filed, and nature of the proceedings.)

Telephone Home (_____) _____ Fax (_____) _____ Mobile (_____) _____
 Residence Address _____
 Mailing Address (if different) _____
 City _____ State/Province _____ ZIP/Postal Code _____
 Country _____ Email Address _____

Spouse's Name _____ Citizen of _____
Last First Middle
 Identification /
 Date of Birth _____ Social Security # _____ Is the spouse of legal age in your state/province and/or area of residence? Yes No
 Other names known by _____
 Has spouse ever been convicted of a felony? Yes No
 Has spouse ever been associated directly or indirectly with terrorist activities? Yes No

APPLICANT EDUCATIONAL BACKGROUND

School(s) Attended	Years	Grade or Degree Attained
_____	_____	_____
_____	_____	_____
_____	_____	_____

APPLICANT BUSINESS INFORMATION *(all spaces below must be completed)*

Self-Employed Employed by _____ No. of Years _____
 Address _____
 City _____ State/Province _____ ZIP/Postal Code _____
 Telephone Business (_____) _____ Position _____
 May we contact you at work? Yes No

REFERENCES *(excluding relatives)*

Name	Address	Phone
_____	_____	(_____) _____
_____	_____	(_____) _____
_____	_____	(_____) _____

PERSONAL INFORMATION

Income from present occupation _____ per year. Other income \$ _____ per year.

If other income, explain _____

Personal Bank(s) *Branch* _____ *Address* _____ *City* _____ *State/Province* _____

SPECIFIC DATA

Would this business be your sole source of income? Yes No

Own Home or Rent? Rent Own If own, Current Value \$ _____ Mortgage \$ _____

Your Total Assets \$ _____ You Total Liabilities \$ _____ Your Net Worth \$ _____

Amount of Cash Available for Investments \$ _____ Do you have a financing source? Yes No

Amount of Financing Available \$ _____

If qualified, when would you be ready to invest in your Franchise? _____ / _____ / _____ (example: 04/30/2005)

Will you be the sole owner of this business? Yes No If no, write partners names _____

Area of Interest _____

If names are to be included on the Franchise Agreements, please have these individuals fill out a separate application.

I understand that the granting of a franchise is at the sole discretion of Franchisor (Pizza Shoppe Franchising, Inc.)

I understand that any information I receive from the Franchisor or from any employee, agent or franchisee of the Franchisor is highly confidential ("Confidential Information"), has been developed with a great deal of effort and expense to the Franchisor, and is being made available to me solely because of this application. I agree that I shall treat and maintain all Confidential Information as confidential, and I shall not, at any time, without the express written consent of the board of directors of the Franchisor, disclose, publish, or divulge any Confidential Information to any person, firm, corporation or other entity, or use any Confidential Information, directly or indirectly, for my own benefit or the benefit of any person, firm, corporation or other entity, other than for the benefit of the Franchisor.

I authorize the procurement of an investigative consumer report, a general background search and an investigation in accordance with anti-terrorism legislation, such as the USA Patriot Act and Executive Order 13224 enacted by the US Government (collectively referred to as "Investigations"). I understand that these investigations may reveal information about my background, character, general reputation, mode of living, association with other individuals or entities, creditworthiness, litigation history and job performance. I understand that, upon written request, within a reasonable period of time, I am entitled to additional information concerning the nature and scope of these investigations. I hereby release a representative of the Franchisor, a credit bureau, security consultant or other investigative service provider selected by the Franchisor, its officers, agents, employees, and/or servants from any liability arising from the preparation of these Investigations.

This authorization for release of information includes but is not limited to matters of opinion relating to my character, ability, reputation, association with others and past performance. I authorize all persons, schools, companies, corporations, credit bureaus, law enforcement agencies or other investigative service providers to release such information without restriction or qualification to a representative of the Franchisor, a credit bureau, security consultant or other investigative service provider selected by the Franchisor and any of its officers, agents, employees and/or servants. I voluntarily waive all recourse and release them from liability for complying with this authorization. This authorization/release shall apply to this as well as any future request for these Investigations by the above named individuals or entities. I authorize that a photocopy or facsimile of this release be considered as valid as the original.

Everything that I have stated in this application is true and I understand that the information provided by me will be relied upon by the Franchisor. In accordance with anti-terrorist legislation, I understand that I will not be approved to purchase a franchise if I have ever been a suspected terrorist or associated directly or indirectly with terrorist activities. I read, understand and agree to all of the above. Additionally, I understand that the Franchisor may require me to pass a standardized Math and English exam, unless I fall under one of the exemptions set forth in the Franchisor's Offering Circular.

I have read this disclaimer.

Date _____ / _____ / _____ Applicant's Signature (Type name to indicate consent) _____
(example: 04/30/2005)

Date _____ / _____ / _____ Spouse's Signature (Type name to indicate consent) _____

Actual signature(s) will be required when purchasing the franchise.