



DOMESTIC FRANCHISE APPLICATION

Pizza Inn

Attn: Franchise Sales

3551 Plano Parkway

The Colony, TX 75056

800-284-3466 (Toll-Free Phone)

469-574-4407 (PC Right Fax)

469-384-5054 (Land Line Fax)

REQUIRED DOCUMENTS FOR PROCESSING:

CORPORATE APPLICANTS

- Resume
- Business Plan
- Corporate Tax Return – Most Recent (1) Year
- Corporate Financial Statements – Most recent fiscal and current YTD interim statements
- Bank & Brokerage Statement – Most Recent Month
- Company Articles of Incorporation

INDIVIDUAL APPLICANTS

- Resume
- Business Plan
- Personal Tax Return – Most Recent (1) Year
- Bank & Brokerage Statement – Most Recent Month
- YTD Financial Statements (If you are a sole proprietorship)

Confidential Application

This form, when completed, is an essential part of evaluating your qualifications to be awarded a Pizza Inn franchise. Please print or type and give specific answers to all questions. All answers are held in confidence. The completion of this form does not obligate Pizza Inn or you in any way or manner. (To be completed by each proposed partner of the Franchise Group.)

PERSONAL DATA

Name _____

Home Address _____

City _____ State/Province _____

Country _____ Postal Code _____

Home Phone _____ Office _____ Cell _____

Email _____ Number of Dependents _____ Ages _____

U.S. Citizen? Yes No If no, citizen of what country? _____

Date you plan to open the business? _____ Capital available to invest \$ _____

Location Preference: City _____ State _____ Concept Preference: Buffet Delco Express

Are you purchasing an existing Pizza Inn location? Yes No If yes, provide complete address of store below:

Describe past restaurant industry experience: _____

Have you ever owned or been a partner in a business? Yes No If yes, what type? _____

How did you become aware of the Pizza Inn franchise opportunity? Pizza Inn Website Ad Internet Search

Restaurant Visit (Specify City/State) _____

Franchise Lead Website (Specify Name) _____ Other (Specify) _____

Why are you interested in the Pizza Inn franchise opportunity? _____

MANAGEMENT GOALS

Do you plan to devote full time to this business venture? Yes No
Will your spouse be active in the franchise? Yes No If yes, spouses name: _____

Do you plan to have equity partners? Yes No If yes, please list all partners below:

Name Address Telephone # Active In Franchise?

Yes No

Yes No

Yes No

BUSINESS EXPERIENCE (Work history and/or business started) Please give present or last position first, and provide the last 5 years of work/business history. Attach an additional sheet if necessary.

1. Company Name _____ Address _____

City _____ State _____ Zip _____

Position _____ Employed From _____ To _____

Major Accomplishments _____

2. Company Name _____ Address _____

City _____ State _____ Zip _____

Position _____ Employed From _____ To _____

Major Accomplishments _____

3. Company Name _____ Address _____

City _____ State _____ Zip _____

Position _____ Employed From _____ To _____

Major Accomplishments _____

PERSONAL REFERENCES

Name _____ Telephone Number _____ Association _____

1. _____

2. _____

3. _____

EDUCATIONAL HISTORY

Type of School	School Name & Location	Course of Study	Years Completed	Diploma/ Degree
High School				
College				
Graduate				
Other _____				

I authorize you to make investigations of my credit, character and ability, and to contact anybody, whether or not listed above, including former employers, in order to obtain personal information about me. I authorize all parties contacted on behalf of Pizza Inn to release this information. I also certify that all the information in this application is true and complete.

Signature _____ Date _____

ATTACH YOUR RESUME AND BUSINESS PLAN TO THIS APPLICATION

Personal Financial Statement

NAME	DATE OF BIRTH	SOCIAL SECURITY #	DRIVER'S LIC. #	E-Mail Address	<input type="checkbox"/> MARRIED <input type="checkbox"/> UNMARRIED <input type="checkbox"/> SEPARATED
STREET ADDRESS		CITY/STATE/ZIP		PHONE #	HOW LONG <input type="checkbox"/> OWN HOME <input type="checkbox"/> BUYING <input type="checkbox"/> RENTING <input type="checkbox"/> OTHER MONTHLY /PMT. \$
NAME AND ADDRESS OF EMPLOYER			POSITION	LENGTH OF EMP.	BUS. PHONE AGES OF DEPENDENTS
CO-APPLICANT/SPOUSE					
NAME		DATE OF BIRTH		SOCIAL SECURITY #	
NAME AND ADDRESS OF EMPLOYER		POSITION		LENGTH OF EMP. BUS. PHONE	

If you are married, complete all information for yourself and your spouse.

Financial Information as of

ASSETS	AMOUNT	LIABILITIES	AMOUNT	MONTHLY PAYMENT
Cash in Bank		Income taxes payable		
Cash in other institutions (Detail)		Other taxes payable		
Securities owned (Schedule 1)		Revolving credit (Schedule 4)		
IRA./Keogh/Pension		Installment contracts and notes payable to banks and others (Schedule 5)		
Notes Receivable including mortgages & Deeds of Trust Owned (Schedule 2)		Loans on Life-Insurance		
Cash Surrender Value of Life Insurance		Mortgages or Liens on Real Estate (Schedule 3)		
Real Estate Mkt. Value (Schedule 3)		Other Liabilities (Detail)		
Other Investments (Partnerships, etc.)				
Automobiles				
Personal property		Total Liabilities/Payments		
Other Assets (detail)		INVESTMENT CAPABILITY		
TOTAL ASSETS		TOTAL LIABILITIES		

ANNUAL INCOME	AMOUNT	ANNUAL EXPENDITURES	AMOUNT	CONTINGENT LIABILITIES	AMOUNT
Applicant Salary		Interest		As Endorser	
Co-Applicant/Spousal Salary		Property Tax/Assessments		As Guarantor	
Dividends/Bonds		Income and other taxes		On Damage Claims	
Interest		Mortgages Payments		Letters of Credit	
Rentals		Other Contract Payments		Other (Detail)	
Other (Detail)		Rent			
If you are married and live in a community property state, your earnings, and all "other income" are presumed to be community property unless you indicate otherwise.		Insurance			
		Alimony, Child Sup./Maint.			
		Personal Expenses			
		Other (Detail)			
TOTAL		TOTAL		<input type="checkbox"/> Check here if "none"	
				TOTAL	

GENERAL INFORMATION - if married these questions apply to both you and your spouse

Are there assets held in Trust?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are any assets pledged or debts secured except as shown?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever had a repossession?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever had a bankruptcy or had a judgment against you?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been a principal or guarantor of a firm that declared bankruptcy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you party to any claim or suits?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you been involved with an IRS audit in the last 3 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, has the audit been settled?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes to any of the above, please explain on a separate sheet.	

SCHEDULE 1: MARKETABLE SECURITIES						
Are any of your securities restricted? <input type="checkbox"/> Yes <input type="checkbox"/> No			Do you own 10% or more of the outstanding shares of any company? <input type="checkbox"/> Yes <input type="checkbox"/> No			
HOW HELD	NO. SHARES OR BOND AMOUNT	DESCRIPTION	TITLE IN NAME OF	PLEGDED YES OR NO	WHERE TRADED	PRESENT MKT. VALUE
_____ Indicate: J - Jointly with Spouse; O - Jointly with other than spouse; A - Applicant's separate property; S - Spouse's separate property.						TOTAL \$

SCHEDULE 2: NOTES RECEIVABLE - MORTGAGE & DEED OF TRUST OWNED							
HOW HELD	NAME OF DEBTOR	COLLATERAL/TYPE OF PROPERTY	DATE OF NOTE	ANNUAL P&I PAYMENT	DUE DATE	1st OR 2nd LIEN	UNPAID BALANCE
_____ Indicate: J - Jointly with Spouse; O - Jointly with other than spouse; A - Applicant's separate property; S - Spouse's separate property.							TOTAL \$

SCHEDULE 3: REAL ESTATE HOLDINGS - MORTGAGES OR LIENS							
_____ Indicate: SD = Single Dwelling; MD = Multiple Dwelling; or C = Commercial/Industrial.							
HOW HELD	PROPERTY ADDRESS	a. Mkt. Value	Date Purch.	NAME OF LENDERS	a. 1st T.D. Bal.	Mo. Payment	
		b. Cost	% Owned		b. 2nd T.D. Bal.	Mo. Payment	
		a.			a.		
		b.			b.		
		a.			a.		
		b.			b.		
		a.			a.		
		b.			b.		
		a.			a.		
		b.			b.		
_____ Indicate: J - Jointly with Spouse; O - Jointly with other than spouse; A - Applicant's separate property; S - Spouse's separate property.							

SCHEDULE 4: REVOLVING CREDIT				SCHEDULE 5: INSTALLMENT CONTRACTS AND NOTES PAYABLE			
CREDITOR'S NAME	ACCOUNT NO.	Monthly Payment	Present Balance	CREDITOR'S NAME	ACCOUNT NO.	Monthly Payment	Present Balance
		TOTAL \$	TOTAL \$			TOTAL \$	TOTAL \$

I will immediately notify you in writing if there is a material change in my financial condition. In the absence of such notice, this shall constitute both a new and continuing statement of my financial condition each time I become obligated to you or you rely, to any extent whatsoever, on this statement of my financial condition.

I agree that my present and future obligations to you may become immediately due and payable, at your sole discretion and without damage or notice, if: (a) I, or any endorser or guarantor of any of my obligations, at any time fail in business, become solvent, commit an act of bankruptcy, or die; (b) a writ of attachment, garnishment, execution or other legal process is issued against a material portion of my property; (c) any act for the collection of delinquent taxes is taken against me; (d) any representation to you by me or a guarantor or endorser of my obligations proves to be misleading or untrue; (e) I fail to notify you of any material change in my financial condition or there is a materially adverse change in my condition; or (f) I sell or transfer any interest in my current business.

I agree that any of my property in your possession shall be subject to your lien and right to offset for my obligations to you.

You may verify the information contained in this statement with any third party. You may also release any information to others regarding my financial condition and your credit and deposit experience with me. By signing below, I hereby waive my rights under Vehicle Code Section 1808.21, so that, when you deem it necessary, you may obtain my residence address from the Department of Motor Vehicles.

I represent and declare under penalty of perjury that the foregoing is a true and correct statement of my financial condition. Any existing or threatened litigation, claim or circumstance which might reasonably be expected to affect my condition in the future is fully described below or in an attached statement.

X _____ Date _____
 Applicant's Signature

X _____ Date _____
 Co-Applicant's Signature

X _____ Date _____
 Spouse/Former Spouse Signature (Optional)

To authorize verification of income and of credit history only (your spouse or former spouse's authorization may be needed if you are relying on his or her income or other community property).

Authorization

For Release of Personal Data Record Information

In connection with my Application for a franchise with Pizza Inn, I hereby authorize Pizza Inn, Inc. or its agents, to contact any present or past employer, school, financial institution, law enforcement agency, reference or any other person, firm or corporation.

I authorize and request any of the firms or persons contacted to provide all information concerning me, and I hereby release said firms, institutions and their agents and employees from all liability and responsibility from releasing this information. I understand such reports may contain information concerning my school work, my work habits, character or skill, credit history or criminal history. Pizza Inn, Inc. agrees to restrict the use of this information only to the evaluation of my Application for a Pizza Inn franchise.

I am willing and request that a photocopy of this Authorization be accepted with the same authority as the original.

I further authorize Pizza Inn, Inc. or its agent, to release to prospective financial sources such financial and other information concerning me in their files as may be requested.

PRINT NAME

First

Middle

Last

OTHER NAMES USED (alias, nickname, maiden) _____

CURRENT ADDRESS

Street # and Name

City

State

Zip

DATE OF BIRTH _____

PLACE OF BIRTH _____

SOCIAL SECURITY # _____

DRIVER'S LICENSE

License #

Expiration Date

State of Issue

HAVE YOU EVER FILED BANKRUPTCY? NO YES If yes, list details on back

APPLICANT SIGNATURE _____

DATE _____