



INTERNATIONAL FRANCHISE APPLICATION

Pizza Inn, Inc.
Attn: Ward Olgreen
3551 Plano Parkway
The Colony, TX 75056

001-469-384-5250 (Direct Phone)
800-880-9955 (US Toll-Free)
wolgreen@pihq.com (Email)
001-469-574-4550 (PC Right Fax)
001-469-384-5054 (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 _____

Address _____

City _____ State/Province _____

Country _____ Postal Code _____

Home Phone _____ Office _____ Cell _____

Email _____

U.S. Citizen Yes No Passport # _____

Country of Citizenship _____

When will you be available to open the business? _____ Capital available to invest \$ _____

Location Preference: City _____ Country _____

What type of franchise opportunity do you seek? Individual Unit Multiple Units Master License

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 identify all partners below:

<u>Name</u>	<u>Address</u>	<u>Telephone #</u>	<u>Active In Franchise?</u>
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Yes No

Yes No

COMPANY OWNERSHIP(S)

1. D&B D-U-N-S@ Number _____ Company Financials Attached Public Private

Company Name _____ Address _____

City _____ State/Province _____ Country _____ Zip _____

2. D&B D-U-N-S@ Number _____ Company Financials Attached Public Private

Company _____ Address _____

City _____ State/Province _____ Country _____ Zip _____

BUSINESS EXPERIENCE (Work history and/or business experience) Please list the most recent position first. Provide at least the last 5 years of work/business history. Attach an additional sheet if necessary.

1. Company Name _____ Address _____

City _____ State _____ Zip _____ Province/Country _____

Position _____ Date Employed From _____ To _____

Major Accomplishments _____

2. Company Name _____ Address _____

City _____ State _____ Zip _____ Province/Country _____

Position _____ Date 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	PASSPORT #	NATIONALITY	E-MAIL ADDRESS
STREET ADDRESS		CITY	STATE	POSTAL CODE
<input type="checkbox"/> OWN HOME MONTHLY PAYMENT _____	<input type="checkbox"/> RENTING	<input type="checkbox"/> BUYING	<input type="checkbox"/> OTHER	HOW LONG
		<input type="checkbox"/> MARRIED <input type="checkbox"/> UNMARRIED <input type="checkbox"/> SEPARATED	AGES OF DEPENDENTS	HOME PHONE #
NAME AND ADDRESS OF EMPLOYER		POSITION	LENGTH OF EMPLOYMENT	BUSINESS PHONE #
CO-APPLICANT/SPOUSE				
NAME		DATE OF BIRTH	PASSPORT #	NATIONALITY
STREET ADDRESS		CITY	STATE	POSTAL CODE
NAME AND ADDRESS OF EMPLOYER		POSITION	LENGTH OF EMPLOYMENT	BUSINESS PHONE #

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

Financial Information as of _____ (date)

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		Notes payable to banks and others (Schedule 5)		
Notes Receivable including mortgages		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		Check here if "none"	
				TOTAL	

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

- Are there assets held in Trust? Yes No
- Are any assets pledged or debts secured except as shown? Yes No
- Have you ever had a repossession? Yes No
- Have you ever had a bankruptcy or had a judgment against you? Yes No
- Have you ever been a principal or guarantor of a firm that declared bankruptcy? Yes No
- Are you party to any claim or suits? Yes No
- Have you been involved with an IRS audit in the last 3 years? Yes No
- If yes, has the audit been settled? Yes 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 \$

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).

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)



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) _____

CITIZENSHIP (Country) _____

DATE OF BIRTH _____ **PLACE OF BIRTH** _____

SOCIAL SECURITY # or COUNTRY ID _____

DRIVER'S LICENSE _____
License # Expiration Date Country of Issue

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

APPLICANT SIGNATURE _____ **DATE** _____