

FRANCHISE APPLICATION

We appreciate your interest in our franchising program and look forward to speaking with you soon regarding your application. The information you provide will assist us in making a decision regarding your qualification based on our business model. Completion and or submission of this application does not imply obligation of either party. Please mail, fax or email the completed application to us at:

PO Box 1032 Verona, Virginia 24482 ( iinsure@verizon.net)

Phone 1-877-236-8291/ 1-540-248-2532

Fax (540)248-4100

Application Instructions

Please print clearly:

Each owner of a legal entity (corporation, limited liability company, partnership, or other type of entity) must complete an application.

Please answer all questions on pages 2 through 3 completely.

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PERSONAL INFORMATION

LAST NAME FIRST NAME MIDDLE SOCIAL SECURITY NUMBER

\_\_\_\_\_

STREET ADDRESS BIRTHDAY

\_\_\_\_\_

PHONE EMAIL ADDRESS Best time to contact you?

\_\_\_\_\_

EDUCATION

High School City/State Did you graduate?

\_\_\_\_\_

College/University City/State Degree:

\_\_\_\_\_

Other: Degree/Certification:

\_\_\_\_\_

Tax Preparation Training (if any):

\_\_\_\_\_

PROFESSIONAL EXPERIENCE

Current Employer: Position held:

\_\_\_\_\_

Address: Start date:

\_\_\_\_\_

Business phone: Brief description of duties:

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Last two employments needed:  
Previous Employer: Position held:

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Address: Start date:

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End date:

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Business Phone: Brief description of responsibilities:

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Previous Employer: Position held:

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Address: Start date:

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End date:

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Business Phone: Brief description of responsibilities:

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Have you ever or do you If yes, what type and describe experience?  
Currently own your own business  
Or franchise?

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GEOGRAPHIC INFORMATION

Where would you like to open a CEN-TAX franchise?  
First Choice City State

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Second Choice City State

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FINANCIAL INFORMATION

Assets Liabilities

Checking Acct. Balance: \$ Home mortgage balance \$ \_\_\_\_\_

Savings Account Balance \$ Credit Cards: \$ \_\_\_\_\_

Stocks & Bonds: \$ Autos: \$ \_\_\_\_\_

Real Estate Owned: \$ Real Estate Loans: \$ \_\_\_\_\_

Home Equity: \$ Other: \$ \_\_\_\_\_

Money Market Accts: \$ Total Liabilities: \$ \_\_\_\_\_

Other: \$

Total Assets: \$ Net Worth

Total Assets less Total \$

Liabilities

Gross Annual Income: \$

How would you finance your franchise?

Have you ever filed for bankruptcy? YES\_\_\_\_ NO\_\_\_\_

THE SUBMISSION OF THIS APPLICATION nor anything contained in this application shall be deemed to obligate CEN-TAX to offer or sell a franchise to you or to otherwise commit or bind CEN-TAX to enter into any contractual or other relationship with you. The granting of franchise rights is at the sole discretion of CEN-TAX, and will be accomplished, if at all, only by execution of a FRANCHISE AGREEMENT by CEN-TAX and you.

By signing below, you warrant that all of the information submitted in connection with this application, including any financial statements attached to this Application, is true and accurate as of the date below; and, you agree to notify CEN-TAX of any material change in your personal, business or financial status while this application is pending.

APPLICANT SIGNATURE

Date (MM/DD/YY) Signature \_\_\_\_\_