

# PAPER AFFAIR

FINE STATIONERY

## Franchisee Inquiry Form

**Please PRINT this form.**

All information must be completed. If this questionnaire is not complete, it will be returned to you for completion before you will receive information about owning a Paper Affair store. If you will have a business partner, that individual must also complete a copy of this questionnaire. Feel free to photocopy this questionnaire as necessary. **When completed, please fax to: 770-667-6991.**

Name of Candidate			Social Security No.		
Name of Spouse			Social Security No.		
Street Address			Home Phone No.		
City		State		Zip	
Business Partner Name (if any) who will also own/operate the Paper Affair store. (Complete separate questionnaire.)					

Where do you wish to open a Paper Affair store? (City, County and State)

Why have you chosen this area?

Have you ever owned or operated a retail business?	If so, what type?
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What was your position?	Length of time in position?
Number of people you managed:	What were your responsibilities in the retail business?

Why do you want to own a Paper Affair store?

What are your qualifications for ownership of a Paper Affair store?

Write a brief business plan for your store; describe what you would do to make your Paper Affair store a successful business.

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Will this business be the primary source of income for you and your family?	If not, what other sources of income will you have?
Source:	Income:

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**Current and Previous Employment...** *list current or most recent employment first.*

1.

Employer Name	From	To	
Street Address	City	State	Zip
Position	Salary		
Responsibilities			

2.

Employer Name	From	To	
Street Address	City	State	Zip
Position	Salary		
Responsibilities			

3.

Employer Name	From	To	
Street Address	City	State	Zip
Position	Salary		
Responsibilities			

**Education and Training**

High School Name and Location	Attended From	To	GPA
College Name and Location	Attended From	To	GPA
Degree	Major/Minor		

Additional courses or training that relate to owning and operating a retail business:

Course Name	Where Taken	When Completed
Course Name	Where Taken	When Completed
Course Name	Where Taken	When Completed

This signature certifies that the foregoing information is true and correct, that it contains no material omissions or misstatements, and that it is delivered for the purpose of allowing Paper Affair, Inc. to consider entering into a business relationship with the undersigned. Any false or misleading statement or omission herein constitutes cause for Paper Affair, Inc. to deny or terminate that business relationship.

The undersigned, recognizing that his or her individual credit history may be a necessary factor in the evaluation of this retailer Candidate Questionnaire, hereby consents to and authorizes the use of a consumer credit report on the undersigned, by Paper Affair, Inc., from time to time as may be needed in the credit evaluation process.

Signature of Candidate	Date
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### Personal Financial Statement

Date:

Legal Name(s) :			Phone:
Address:			Social Security No:
City:	State:	Zip:	Social Security No:

	ASSETS			LIABILITIES			
	Applicant	Co-Applicant	Joint		Applicant	Co-Applicant	Joint
Cash (Schedule A)				Charge Accts/Credit Cards			
Savings (Schedule B)				Auto Loan(s)			
Stocks, Bonds, Securities (Schedule C)				Other Installment Loans			
Certificates of Deposit							
Other Investment Funds (attach details)							
Retirement Funds							
Equity in Businesses owned							
Business Property (attach financial statement)							
Notes Receivable (attach details)							
Home (Schedule D)				Home Mortgage (Schedule D)			
Other Real Estate (Schedule D)				Other Real Estate Mortgages (Schedule D)			
Personal Belongings				TOTAL LIABILITIES			
				NET WORTH (Assets-Liabilities)			
TOTAL ASSETS				TOTAL LIABILITIES & NET WORTH			

### SCHEDULE A – CASH:

INSTITUTION – NAME	CITY AND STATE	PHONE NO.	ACCT. NO.	BALANCE

### SCHEDULE B – SAVINGS:

INSTITUTION – NAME	CITY AND STATE	PHONE NO.	ACCT. NO.	BALANCE

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### SCHEDULE C – STOCKS:

DESCRIPTION	IN WHOSE NAME	NO. SHARES	COST	MARKET VALUE	ANNUAL DIV.

### SCHEDULE D – REAL ESTATE:

LOCATION & TYPE	YEAR PURCHASED	COST	MKT. VALUE	UNPAID BALANCE	TITLED TO	MONTHLY PAYMENT
CAPITALIZATION PLANS:			AMOUNT	MONTHLY PAYMENT	COLLATERAL	PAYEE
OWNER'S CASH INVESTMENT (1/3 EQUITY REQUIRED)						
BORROWINGS						
TOTAL CAPITALIZATION						
WORKING CAPITAL AVAILABLE						

### PERSONAL DATA:

NAME	AGE	OCCUPATION	EMPLOYER	INCOME	WILL PRESENT INCOME CONTINUE AFTER NEW BUSINESS?

Other business experience (indicate capacity and longevity):


Other business presently owned:

City/State:

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Who will manage the business?

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Are there or have there been any lawsuits against you?

Any pending?

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Attach explanation if answer is yes on either of last two questions.

The undersigned hereby certifies that the foregoing statement is a true and correct statement of the undersigned's financial condition, that it contains no material omissions or mis-statements, that it has been prepared by accepted accounting procedures, and that it is delivered for the purpose of obtaining credit from time to time. In the event of any substantial adverse change in the undersigned's financial condition, the undersigned will give prompt notice thereof. Any false or misleading statement or omission herein constitutes a default on any and all notes executed by the undersigned and which are the result of credit being extended to same on the basis of the financial information contained herein.

The undersigned, recognizing that his or her individual credit history may be a necessary factor in the evaluation of this Personal Financial Statement, hereby consents to and authorizes the use of a consumer credit report on the undersigned, by Paper Affair, Inc., from time to time as may be needed in the credit evaluation process.

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Signature

Title

Date