



**EMERGENCY GEAR DIRECT**



# **FRANCHISE APPLICATION**



*Professional Service for Professional People...*





## Personal Data

Date \_\_\_\_\_

Name (First, Middle, Last) \_\_\_\_\_ Social Security # \_\_\_\_\_

Home Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Business Phone \_\_\_\_\_ Fax \_\_\_\_\_ Pager \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_ Marital Status \_\_\_\_\_

Spouse's Name \_\_\_\_\_ Spouse's Occupation \_\_\_\_\_ How long? \_\_\_\_\_

Child's Name \_\_\_\_\_ Age \_\_\_\_\_ Child's Name \_\_\_\_\_ Age \_\_\_\_\_

Child's Name \_\_\_\_\_ Age \_\_\_\_\_ Child's Name \_\_\_\_\_ Age \_\_\_\_\_

Previous Address \_\_\_\_\_ How Long? \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Are you a US Citizen? ☐ Yes ☐ No If not, what Country? \_\_\_\_\_

## Personal References (Provide at least Three)

Name \_\_\_\_\_ Phone \_\_\_\_\_

Home Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Home Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Home Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

## Education

Name of High School \_\_\_\_\_ Years Completed \_\_\_\_\_

Name of College \_\_\_\_\_ Degree \_\_\_\_\_

Name of College \_\_\_\_\_ Degree \_\_\_\_\_

Describe any training in sales, management or retailing \_\_\_\_\_





## Employment History For Last 10 Years (Beginning with the Most Recent)

Company Name \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

May we contact this employer? ☐ Yes ☐ No Contact Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Type of Business \_\_\_\_\_ # of Employees Supervised \_\_\_\_\_

Describe Responsibilities \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Company Name \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

May we contact this employer? ☐ Yes ☐ No Contact Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Type of Business \_\_\_\_\_ # of Employees Supervised \_\_\_\_\_

Describe Responsibilities \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Company Name \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

May we contact this employer? ☐ Yes ☐ No Contact Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Type of Business \_\_\_\_\_ # of Employees Supervised \_\_\_\_\_

Describe Responsibilities \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_





## Personal Financial Statement

### Assets

Cash on hand and in banks	\$ _____
U.S. government securities	\$ _____
Trade accounts and loans receivable	\$ _____
Notes receivable – secured and unsecured	\$ _____
Life insurance – cash surrender value	\$ _____
Stocks and bonds – marketable and non-marketable	\$ _____
Real estate	\$ _____
Automobiles – market value	\$ _____
Other assets, property or investments (itemize below)	
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
TOTAL ASSETS	\$ _____

### Annual Sources of Income

Salary	\$ _____
Bonus and commissions	\$ _____
Dividends and interest	\$ _____
Real estate income	\$ _____
Business profession income	\$ _____
Other income (itemize below)	
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
TOTAL ANNUAL INCOME	\$ _____

### Liabilities

Notes payable to banks – secured and unsecured	\$ _____
Notes, loans, advances, accounts payable to others	\$ _____
Credit card debt	\$ _____
Loans against life insurance	\$ _____
Property taxes and assessments payable	\$ _____
Mortgages payable on real estate	\$ _____
Liens on real estate	\$ _____
Federal and state taxes on current income	\$ _____
Other debts (itemize below)	
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
TOTAL LIABILITIES	\$ _____

### Net Worth

Total assets	\$ _____
Less total liabilities	\$ _____
Net worth	\$ _____





## Business References (Provide at Least Three)

Contact Name \_\_\_\_\_ Phone \_\_\_\_\_

Home Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Contact Name \_\_\_\_\_ Phone \_\_\_\_\_

Home Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Contact Name \_\_\_\_\_ Phone \_\_\_\_\_

Home Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

## Business Data

How did you learn about the Emergency Gear Direct Franchise Program?

*Please explain on an additional information sheet.*

Do you now operate or have you had experience in operating a mobile store? ..... ☐ Yes ☐ No

*If yes, explain on an additional information sheet.*

Do you intend to devote yourself full-time to the day-to-day operation of a Emergency Gear Direct franchise? ..... ☐ Yes ☐ No

*If not, provide explanation and details about your operating partner on an additional sheet.*

Have you (and, if applicable, any parties, officers directors or shareholders) been subject to or convicted of any administrative, criminal or civil action alleging a violation of any franchise law, fraud, embezzlement, fraudulent conversion, restraint of trade, unfair or deceptive practices, misappropriation of property or comparable allegations? ..... ☐ Yes ☐ No

*If yes, explain on an additional information sheet.*

Have you (and, if applicable, any partners, officers, directors or shareholders) ever been adjudged bankrupt or reorganized due to insolvency, or been a principal officer of any company or a partner in any partnership that was adjudged bankrupt or reorganized due to insolvency? ..... ☐ Yes ☐ No

*If yes, explain on an additional information sheet.*

Other Relevant Information? ..... ☐ Yes ☐ No

*If yes, explain on an additional information sheet.*

Will your franchise investment come from your own capital? ..... ☐ Yes ☐ No

Are you willing to relocate? ..... ☐ Yes ☐ No

Geographical Location Preference? ..... ☐ Yes ☐ No

First Choice \_\_\_\_\_

Second Choice \_\_\_\_\_

Third Choice \_\_\_\_\_

What date do you plan to operate your first Emergency Gear Direct Truck? \_\_\_\_\_





## Authorization for Release of Personal Information

**Applications not signed cannot be processed**

I hereby attest to the accuracy of the financial statements contained in this confidential Emergency Gear Direct application. I authorize Emergency Gear Direct or its agents to verify the data submitted, to obtain a consumer credit report and to make such additional credit, background or character confirmations which it deems necessary or advisable.

In connection with these financial and background investigations, I authorize \_\_\_\_\_ or its agents to contact present or past employers, schools, financial institutions, law enforcement agencies and any other person, firm, corporation or source. I authorize any such source to provide \_\_\_\_\_ or its agents any and all information concerning me, and I hereby release any such source and its agents and employees from all liability for providing this information. I understand such reports may contain information concerning my education, employment, work habits, character or skill, criminal and credit history.

I authorize that a photocopy or facsimile of this document may be accepted with the same authority as the original.

Emergency Gear Direct agrees to maintain in a confidential manner and restrict the use of any information contained or obtained in connection with this application for a Emergency Gear Direct franchise. I authorize \_\_\_\_\_ to release to prospective financing sources any information concerning me that may be requested by them.

Signature of applicant \_\_\_\_\_

Date \_\_\_\_\_

After completing the entire application, please mail it to:

### **EMERGENCY GEAR DIRECT CORPORATION**

**ATTN: FRANCHISE DIRECTOR  
990 GOODWIN DRIVE  
RIPON, CALIFORNIA, 95366  
U.S.A.**

**PHONE: 209.599.4700**

**OR FAX TO: 209.599.4677**

**OR E-MAIL TO: [INFO@EGEARDIRECT.COM](mailto:INFO@EGEARDIRECT.COM)**

[www.egeardirect.com](http://www.egeardirect.com)

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