



III. Personal Financial Information

Assets

Liquid Assets

Cash in banks: \$ _____
CD's and Money Markets: \$ _____
Stocks and Bonds: \$ _____
Total Liquid Assets: \$ _____
Non-Liquid Assets: \$ _____
Accounts/Notes Receivable: \$ _____
Real Estate Investments: \$ _____
Net Value of Business: \$ _____
Other Assets: \$ _____

Liabilities

Loans, Notes: \$ _____
Mortgages Payable: \$ _____
Taxes Due: \$ _____
Liens Payable: \$ _____
Other Liabilities: \$ _____
Total Liabilities: \$ _____
Total Net Worth: \$ _____

*Please be prepared to provide proof of assets and net worth upon request.
All information provided is, kept confidential and will not be disclosed except for purposes of verification.*



IV. Consent and Release

Applicant's Name: _____

Current Address: _____

City / State / Zip : _____

Social Security Number: ____ - ____ - ____ Alien Resident Card Number: _____

Driver's License Number: _____ State: _____

Date of Birth: ____ / ____ / ____ Place of Birth: _____

Former addresses over the past 10 years:

Former Address:

City: _____ State: _____ Zip: _____ Dates from / to: ____ / ____ / ____

Former Address:

City: _____ State: _____ Zip: _____ Dates from / to: ____ / ____ / ____

Former Address:

City: _____ State: _____ Zip: _____ Dates from / to: ____ / ____ / ____

Former Address:

City: _____ State: _____ Zip: _____ Dates from / to: ____ / ____ / ____

If you have lived at more than four addresses over the last 10 years please attach a separate sheet.



IV. Disclosure and Consent

You should read this carefully. This consent and release statement has been provided to you in order for us to request consumer credit and criminal reports in connection with your application as a franchisee. By signing below, you acknowledge that we may now or in the future verify information relating to your credit, criminal, and other background. The verification and/or checks may include but not limited to: driving record, credit bureau files, employment references, personal references, any educational or licensing institution and to receive any criminal record information in the files of any federal, state, or local criminal justice agency in the United States. A photocopy, telephonic facsimile (fax) or emailed consent of this Consent and Release shall be valid as the original. The results of this verification process will be used in assessing your candidacy as a HurricaneAMT, LLC Franchise. All results are kept confidential. The information obtained will not be provided to any parties other than the designated Company Personnel. According to the Fair Credit Reporting Act, if any adverse decision is made with regard to your application based entirely or in part on the information contained in a consumer, credit or criminal report prepared by a consumer reporting agency, you are entitled to receive a copy of this report upon written request, and a disclosure of the nature and scope of the investigative report.

Your signature below indicates that you have carefully read and understand that consumer, credit, and criminal reports may be requested and reviewed for franchising purposes. Additionally, your signature below reflects your understanding that such consent will remain in effect indefinitely until you revoke it in writing.

Your Consent Statement:

I have carefully read and understand this disclosure and consent form and my signature consent to the release of consumer, credit, and criminal reports in conjunction with my application to purchase a HurricaneAMT, LLC Franchise. I further understand that any and all information contained in my application, or otherwise disclosed to you by me, may be used for the purpose of obtaining the consumer, credit, and criminal reports requested by you and to confirm that all such information is true and correct. I, the undersigned applicant, do hereby certify that the information provided by me for the purpose of being considered as a HurricaneAMT, LLC Franchisee or licensee is true and complete to the best of my knowledge.

I authorize HurricaneAMT, LLC and any of its agents or designated company personnel to disclose orally and in writing the results of these reports to your authorized representatives. I do hereby agree and forever release and discharge you (and all officers, directors, and employees), and their associates to the full extent permitting by law from any claims, damages, losses, liabilities, cost and expense, or any other charge or complaint arising from the retrieving and reporting of this information.

Applicant Name: _____
(print)

Applicant Signature: _____

Date of Application: ____ / ____ / ____