



PERSONAL PROFILE EVALUATION FORM

Please fill out all sections of this sheet. The information requested herein is for initial evaluation of your qualifications as a franchisee and will be kept strictly confidential. Completion of this sheet is not an offer to purchase a franchise and does not obligate you in any way. Should you elect to purchase a franchise, you may be required to furnish additional information.

Fax this completed form to: 252-321-8540 **OR** scan and e-mail as an attachment to: LPCW@me.com

Part I. General Information

Date _____ E-mail address _____

Name _____ Age _____

Spouse's Name _____ Age _____

Address _____

City _____ State _____ Zip _____

Home phone _____ Cell phone _____

Best time to contact you _____ am _____ pm

Marital Status: _____ Single _____ Married _____ Divorced

Children (number) _____ Ages of children _____

Do you have any health problems? If so, please describe

Does your spouse have any health problems? If so, please describe

Desired area for franchise (city and state)

Second choice of location (city and state)

Part II. Education

School	Name of school, City, State	Last year completed				Last yr. attended	Major	Degree
High School		9	10	11	12	Mo. __Yr. __		
College		1	2	3	4	Mo. __Yr. __		
College		1	2	3	4	Mo. __Yr. __		
Graduate School						Mo. __Yr. __		

Part III. Employment History

Please use the spaces below to list employment history within the past five years, starting with most current position.

Dates	Income	Company	Address	Position
____ to ____				
____ to ____				
____ to ____				
____ to ____				
____ to ____				
____ to ____				

Part IV. Financial Information

ASSETS

Checking and Savings \$ _____

Stocks and Bonds \$ _____

Real Estate Owned (Home) \$ _____

Real Estate Owned (Other) \$ _____

Other assets \$ _____

\$ _____

\$ _____

\$ _____

Total Assets \$ _____

LIABILITIES

Notes Payable – Banks \$ _____

Notes Payable – Others \$ _____

RE Mortgages Payable (Home) \$ _____

RE Mortgages Payable (Other) \$ _____

Others: \$ _____

Others: \$ _____

Others: \$ _____

Others: \$ _____

Total Liabilities \$ _____

Net Worth \$ _____

Total Liabilities/Net Worth \$ _____

Other Sources of Income

Will you finance this business venture by cash or loan? _____ If a loan, what is the collateral? _____

If borrowed from individual, give name, address and occupation

Part V. References

Personal

Phone	Name	Occupation	Address
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

Credit

Phone	Name	Type of Account	Address
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

Part VI. Other

Have you ever owned or do you presently own a business? If so, please give details

Have you ever made application for a bond, which was refused?

Have you ever filed for bankruptcy, had a real estate loan foreclosed, or had any liens against you? If so, please explain.

Have you ever been or are you now a party to any lawsuits? If so, please explain

Have you ever been convicted of any offense? If so, explain in full, including date, charge, place, under what name and action taken.

I understand that the information provided is confidential and affirm that it is true to the best of my knowledge. I understand that providing this information does not obligate me to purchase a franchise, nor does it obligate the franchisor to offer a franchise to me. I authorize Moonvision Enterprises, Inc, franchisors of Little People's Creative Workshop, to check my credit and employment history (including obtaining a credit report), to update that information from time to time, and to conduct such other investigations as are reasonably necessary to verify the information contained in this Personal Profile, including, without limitation, to conduct a personal background investigation. By submitting this Personal Profile to Moonvision Enterprises, Inc. I am agreeing to the above terms.

Signature: _____ Date: _____