

Q u a l i f i c a t i o n S h e e t

Company name _____

Business phone _____

Address _____

How long? _____

Your Position _____

Spouse (if spouse will be involved in business):

Company name _____

Business phone _____

Address _____

How long? _____

Your Position _____

Company name _____

Business phone _____

Address _____

How long? _____

Your Position _____

III. Financial Information

Assets

Cash on Hand & in Banks \$ _____

Saving Funds/Certificates \$ _____

Home Market Value \$ _____

Other Real Estate \$ _____

Stocks, Bonds, Securities \$ _____

Insurance (cash value) \$ _____

Automobile(s) \$ _____

Your Own Business (market value) \$ _____

Money Due You \$ _____

Other Assets (attach detail) \$ _____

Total Assets \$ _____

Liabilities

Notes Payable \$ _____

Home Mortgage \$ _____

Current Obligations \$ _____

Car Loan(s) \$ _____

Lease(s) \$ _____

Revolving Charges \$ _____

Other \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

Total Liabilities \$ _____

Net Worth _____

(Assets minus Liabilities) \$ _____

If additional funds are required for this business, are they available to you?

Explain _____

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Do you plan to have a partner?_____ If so, will partner be active?_____

Do you plan to have investors?_____ If so, to what extent?_____

Have you ever been involved in bankruptcy?_____ If so, explain:_____

IV. References

Credit References:

Bank Business Name _____ Account Number _____

Address _____ Phone Number _____

Bank Business Name _____ Account Number _____

Address _____ Phone Number _____

Bank Business Name _____ Account Number _____

Address _____ Phone Number _____

Personal References: (business)

Name _____ Phone Number _____

Address _____

Name _____ Phone Number _____

Address _____

Name _____ Phone Number _____

Address _____

V. Other Information

1. Are you currently or have you ever been involved with the travel industry in any way?

Yes No

If yes, in what way ?

2. Does your professional background involve any of the following? (check all that apply)

Inside Sales Personnel Management Financial Management

Outside Sales Advertising & Marketing

Small Business Administration/Management

Q u a l i f i c a t i o n S h e e t

3. How did you hear about us?

- Trade Journal (name)
- Newspaper (name)
- Magazine (name)
- Franchisee Referral (name)
- Other

4. City or Locale preferred _____

5. What are your reasons for going into your own business?

5. What are your reasons for choosing a CruiseShipCenters Franchise?

7. In what areas do you feel you will need the most help when you open your own CruiseShipCenters Customer Service Center?

It is expressly understood that the submission of this information does not constitute a contract and does not obligate either the Company or the Applicant. The applicant confirms that the information disclosed herein is accurate and true and that the Company is entitled to use appropriate means in determining that the information disclosed in this document is indeed a true reflection of the Applicant's personal and financial qualifications.

All sources herein mentioned are authorized to provide you with any relevant information required in confirming my personal and financial qualifications.

Dated _____ 20_____

Signature of Applicant(s) _____
