



# PEDRO'S PIZZA FRANCHISEE INFORMATION FORM

Advice to applicants -

1. Pedro's Pizza is an equal opportunity organisation. All applicants will be considered without regard to gender, race, religion, nationality or marital status.
2. Please ensure that all sections of the application are completed in your own handwriting, and that you have provided signatures, including witnesses signatures in the sections specified.
3. Where insufficient space is provided to fully answer any section, please attach separate sheets with the additional information.
4. Additional financial details are likely to be sought for finance approval prior to the final approval of the Franchise Application.
5. The information provided will be treated as confidential. The Franchise Application may be accepted or rejected at Pedro's Pizza discretion.
6. On completion please forward your application and a recent photo to the -  
  
Franchise Development Manager  
  
Pedro's Pizza  
PO Box 170  
DAW PARK, SA 5041
7. On final approval to proceed to become a franchisee a deposit of \$1000 will need to be paid. The deposit is credited against the initial franchise fee of \$20,000, which is paid in full approximately 30 days later.

## SECTION 1

<b>1.1 Retail Franchise Location</b>	
Please list the franchise location(s) applied for -	Briefly detail reasons for your choice.
1.	
2.	
Preferred starting date: .../.../...	
<b>1.2 Personal</b> (please photocopy if more than one applicant)	
Name:	
Address:	
Telephone: (H)	(B)
Email Address:	Health Status <input type="checkbox"/> Excellent <input type="checkbox"/> Good
Date of Birth:.	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Poor

Current work status:	Bank Manager	
	Name:	
	Bank:	
	Branch:	
Current/previous Pedro's business relationship (if any)	Accountant:	
	Name:	
	Company:	
	Solicitor:	
	Name:	
	Company:	
<b>1.3 Education</b>		
Please list all secondary and tertiary education:	Years Attended	Exams Passed
List other relevant training courses undertaken:		
<b>1.4 Employment History</b>		
List the jobs that you have held during the last 5 years. Begin with your most recent position:		
Employer's Name:	Employer's Name:	
Address: Address:		
Phone No:	Phone No:	
Your Job Title:	Your Job Title:	
Supervisor's Name:	Supervisor's Name:	
May we contact your employer: YES / NO	May we contact your employer: YES / NO	

Dates of employment - from/to:	Dates of employment - from/to:	
Reason for Leaving:	Reason for Leaving:	
<b>1.5 Self Employment Experience</b>		
Nature of Business	Period - from/to	Achievements
<b>1.6 Leisure and Community Involvement</b>		
Activities Offices	Held	
<b>1.7 General Information</b>		
Please tell us anything else about your attributes, ambitions or goals that might help us in considering your application.		
<b>1.8 Training</b>		
Are you prepared to attend a one to three week training course which could be located in either South Australia, NSW or QLD and for this application to be dependent upon the result of that training? Please circle: YES / NO		
<b>1.9 Referees</b>		
Please indicate at least three (3) persons (not relatives) from whom we can obtain references.		
Name		
Address		
Phone Number		
Position / Organisation		

Name
Address
Phone Number
Position / Organisation
Name
Address
Phone Number
Position / Organisation
<b>1.10 Assets and Liabilities</b>
Please complete the attached form listing your personal assets and liabilities.
<b>1.11 General Information</b>
<ul style="list-style-type: none"> <li>• Do you have a current Driver's Licence?      <input type="checkbox"/> Yes      <input type="checkbox"/> No</li> </ul>
<ul style="list-style-type: none"> <li>• Have you ever filed for bankruptcy?      <input type="checkbox"/> Yes      <input type="checkbox"/> No</li> </ul>
<ul style="list-style-type: none"> <li>• What attracts you most to a Pedro's Franchise?</li> </ul> <hr/> <hr/>
<ul style="list-style-type: none"> <li>• How did you hear about Pedro's franchising?</li> </ul> <hr/>
<ul style="list-style-type: none"> <li>• As this is a physically demanding industry, have you any injury or other medical condition that would limit your ability to perform operational functions within a store?      YES / NO</li> </ul> <p>If yes, please specify: _____</p> <hr/> <hr/>
<ul style="list-style-type: none"> <li>• Are you prepared to work the minimum 40 hrs per week required by the Nominated Store Manager?      YES / NO</li> </ul>
<ul style="list-style-type: none"> <li>• Are you aware that they busiest periods are Thursday, Friday, Saturday and Sunday and are you committed to actively working in the store during these periods? YES / NO</li> </ul>

I / We do hereby represent that all of the above answers are true and complete to the best of my/our knowledge and belief. I / We recognise that Pedro's Pizza is not in any way obligated to franchise a site to me / us because of our execution of this document. I / We understand that an enquiry regarding my / our character, general reputation, personal characteristics, mode of living, and financial background may be made as a result of this application and hereby authorise the release of this information to Pedro's Pizza.

\_\_\_\_\_  
Franchise Applicant Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Franchise Applicant Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

(A photo stat copy of this authorization shall be as valid as the original)

**Access to Consumer Credit Information (Section 18K(1)(b), Privacy Act 1988)**

I/We agree that Pedro's Pizza Pty Ltd ACN 069 325 604 may obtain a consumer credit report containing information about me from a credit reporting agency for the purpose of assessing my/our application for commercial credit.

**Exchange of Credit Worthiness Information (Section 18N, Privacy Act 1988)**

I/We agree that Pedro's Pizza Pty Ltd ACN 069 325 604 may exchange information with those credit providers named in this application or named in a consumer credit report issued by a credit reporting agency for the following purposes;

- to assess an application by me/us for credit
- to notify other credit providers of a default by me/us
- to exchange information with other credit providers as to the status of this loan where I
- am in default with other credit providers
- to assess my/our credit worthiness.

I/we understand that the information exchanged can include anything about our credit worthiness, credit standing, credit history or credit capacity that credit providers are allowed to exchange under the Privacy Act

Name (please print)

Signature

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date

Name (please print)

Signature

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date

## Statement of Assets and Liabilities

<b>ASSETS</b>	\$	<b>LIABILITIES</b> (Include all money owed) Accounts Payable (include credit card and overdraft amounts)	\$
Cash on Hand			
1. (Bank)		1.	
2. (Bank)		2.	
3. (Bank)		3.	
<b>Previous / current business assets</b> (Please attach latest balance sheet)		<b>Previous / current business liabilities</b> (Please attach latest balance sheet)	
Motor Vehicles		Finance Liabilities	
1. Make / Model		1. Owed to	
2. Make / Model		2. Owed to	
<b>Real Estate</b> (current value)		Mortgages on Real Estate	
1. Address		1.	
2. Address		2.	
3. Address		3.	
Other Business Investments		<b>Other Liabilities</b> (including Income Tax)	
Other Assets			
TOTAL ASSETS \$		TOTAL LIABILITIES \$	
Less Total Liabilities	\$		
Net Worth	\$		

### APPLICANTS SOURCE OF FUNDS

Provide details of the source of unencumbered equity that is available for investment in the franchise. This excludes borrowings against non-income earning assets.

I / We confirm that the information above is an accurate assessment of my / our financial position as at \_\_\_\_\_

Signed

Signed

\_\_\_\_\_  
Franchise Applicant Signature

\_\_\_\_\_  
Witness - JP or CPA