



Large Document Imaging, Inc.

Corporate Mailing Address:

3902 Corporex Drive, Suite 500

Tampa, FL 33619

Phone: (770) 761-8269 Fax: (770) 761-4556

CONFIDENTIAL QUALIFICATION STATEMENT

Completion of this form does not obligate either party in any manner.

Personal Data

Name _____
First Middle Last

Home Address _____

City _____ State _____ Zip _____

Home Phone () _____ Work Phone () _____

Best time to Call: _____ May we call you at work? Yes_ No_

Email Address: _____ Birth Date ____ / ____ / ____ Married? Yes_ No_

Employment History Spouse's Name _____

Are you now employed? Yes ___ No ___

Latest Employer _____

Address _____ Phone() _____

City _____ State _____ Zip _____

Type of Business _____

Your Title _____ Yearly Salary \$ _____

Number of Employees Supervised _____ Years with the Business _____

Previous Firm _____ Spouse's Firm _____

City/State _____ City/State _____

Title _____ Title _____

Salary _____ Salary _____

Dates: ____ / ____ to ____ / ____ Dates: / ____ to ____ / ____

Description of work _____ Desc of work _____

Funding and Sources of Income

New franchisees should have \$40,000 to \$75,000 cash to invest in their business which will require an investment of \$85,000 to \$155,000 in total. Please describe the sources and amounts you will use to start your franchise.

Do you plan to borrow to finance your business? Yes ___ No ___ Amount \$ _____

Please indicate monthly household income expected to continue after being awarded a franchise.

Spouse's Income \$ _____ Interest \$ _____

Real Estate Income \$ _____ Pension \$ _____

Inheritance \$ _____ Alimony \$ _____

Other (please explain) _____

Intentions and Expectations as a New Franchisee

Who will operate your business? ___ Self? ___ Spouse? ___ Other? _____

Will you continue on your job after opening your franchise? Yes ___ No ___

In what city and state would you like to operate? _____

What is your target date for opening? _____

About You

What are your motivations for owning your own business? _____

What are some of your chief concerns in starting your venture?

Please summarize the skills and experience you will use to become a successful franchisee.

Your Financial Statement

Date _____

Cash in Banks	\$ _____	Notes Payable	\$ _____
Stocks & Bonds	\$ _____	to Banks	\$ _____
Accts/Notes Receiv.	\$ _____	to Mortgage Cos	\$ _____
Real Estate Owned	\$ _____	to Credit Cards	\$ _____
Automobiles	\$ _____	Automobile Loans	\$ _____
Personal Property	\$ _____	Other Install. Loans	\$ _____
Unlisted Stocks	\$ _____	Other Debts	\$ _____
Other Assets	\$ _____	Total Liabilities	\$ _____
		Net Worth (Assets	
		less Liabilities)	\$ _____
Total Assets	\$ _____	Total Liabs & Worth	\$ _____

I (we), the undersigned, hereby certify that all information supplied on this application is accurate and complete. I (we) hereby authorize **Large Document Imaging, Inc.** or its authorized agent to obtain verification on any of this information and I (we) hereby authorize the release of such information.

Signature of Applicant _____ Date _____

Signature of Spouse _____ Date _____