



FRANCHISE APPLICATION

Mission Statement

“To be a simple, low-cost, quality provider of cleaner, safer lodging”

Value Place Franchise Services LLC

8621 E. 21st St. N. Suite 250

Wichita, KS 67206

888-456-VPFS (8737)

316-631-1333 (FAX)

Value Place requires all information listed below to process your application. To ensure timely processing please include all items.

- Completed Application (enclosed)
- Completed Personal Financial Statement (form enclosed)
- Completed Authorization to Release Information (form enclosed)
- Bank or Brokerage Statements verifying liquid assets
- Recent Resume or Bio

Please note we may, at our discretion, request additional information and/or documentation.

Approval

Date

Confidential Application

This form, when completed, is an essential part of evaluating your qualifications to be awarded a Value Place franchise. Please print or type and give specific answers to all questions. All answers are held in confidence. The completion of this form does not obligate Value Place Franchise Services LLC or you in any way or manner. (To be completed by each proposed partner of the Franchise Group.)

Personal Data

Name: _____

Address: _____

Number of Dependents: _____ Ages: _____

Citizen Yes No If no, name country _____

Educational History _____

BUSINESS EXPERIENCE (Work history and/or business started) Please give present or last position first, and provide the last 5 years of work/business history; attach an additional sheet if necessary.

1. Company _____ City, State _____

Position _____ Employed From _____ To _____

Major Accomplishments _____

2. Company _____ City, State _____

Position _____ Employed From _____ To _____

Major Accomplishments _____

3. Company _____ City, State _____

Position _____ Employed From _____ To _____

Major Accomplishments _____

Have you ever owned or been a partner in a business? Yes No If yes, what type:

Anticipated Management: Self VPPM (Value Place) Third Party Management

If Third Party Management, please list the Management Company information:

Management Company Name: _____

Address: _____

Phone: _____

Fax: _____

MANAGEMENT GOALS

Do you plan to devote full time to this business venture? Yes No

Will your spouse be active in the franchise? Yes No

Do you plan to have equity partners? Yes No

If yes, please identify all partners (all partners must complete an application): Which partner will be the primary contact for Value Place Franchise Services LLC?

<u>Name</u>	<u>Address</u>	<u>Telephone #</u>	<u>Active In Franchise?</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Have you had any type of franchise business (hotel or otherwise) before? Yes No

Have your partners had any type of franchise business before? Yes No

Are you currently a franchisee or investor/partner of a franchise? Yes No

If so, please list the brand(s)/concept(s), along with your percentage ownership.

Are any of your partners currently franchisees or investors/partners of a franchise? Yes No

If so, please list the brand(s)/concept(s), along with your percentage ownership.

Have you or your partners developed a new construction property? Yes No

If so, please describe:

CREDIT REFERENCES: Please complete the attached personal financial statement and provide information regarding two financial institutions with which you have a banking relationship.

Financial Institution: _____ Phone: _____

Address: _____

Contact: _____ Title: _____

Financial Institution: _____ Phone: _____

Address: _____

Contact: _____ Title: _____

When would you target breaking ground? _____ Capital available to invest _____

Location Preference: Home Community _____ Other _____
Regional Preference _____

How did you become aware of the Value Place franchise opportunity? _____

Why are you interested in the Value Place franchise opportunity? _____

Attach Resume or Bio

I authorize you to make investigations of my credit, character and ability, and to contact anybody, whether or not listed above, including former employers, in order to obtain personal information about me. I authorize all parties contacted on behalf of Value Place Franchise Services LLC and/or its affiliates to release this information. I also certify that all the information in this application is true and complete.

Signature: _____ Date: _____

Personal Financial Statement

SCHEDULE 1: MARKETABLE SECURITIES						
Are any of your securities restricted? <input type="checkbox"/> Yes <input type="checkbox"/> No			Do you own 10% or more of the outstanding shares of any company? <input type="checkbox"/> Yes <input type="checkbox"/> No			
HOW HELD	NO. SHARES OR BOND AMOUNT	DESCRIPTION	TITLE IN NAME OF	PLEGDED YES OR NO	WHERE TRADED	PRESENT MKT. VALUE
↑ Indicate: J - Jointly with Spouse; O - Jointly with other than spouse; A - Applicant's separate property; S - Spouse's separate property.						TOTAL \$

SCHEDULE 2: NOTES RECEIVABLE - MORTGAGE & DEED OF TRUST OWNED							
HOW HELD	NAME OF DEBTOR	COLLATERAL/TYPE OF PROPERTY	DATE OF NOTE	ANNUAL P&I PAYMENT	DUE DATE	1st OR 2nd LIEN	UNPAID BALANCE
↑ Indicate: J - Jointly with Spouse; O - Jointly with other than spouse; A - Applicant's separate property; S - Spouse's separate property.							TOTAL \$

SCHEDULE 3: REAL ESTATE HOLDINGS - MORTGAGES OR LIENS							
↓ Indicate: SD = Single Dwelling; MD = Multiple Dwelling; or C = Commercial/Industrial.							
HOW HELD	PROPERTY ADDRESS	a. Mkt. Value	Date Purch.	NAME OF LENDERS	a. 1st T.D. Bal.	Mo. Payment	
		b. Cost	% Owned		b. 2nd T.D. Bal.	Mo. Payment	
		a.		1st	a.		
		b.		2nd	b.		
		a.		1st	a.		
		b.		2nd	b.		
		a.		1st	a.		
		b.		2nd	b.		
		a.		1st	a.		
		b.		2nd	b.		
↑ Indicate: J - Jointly with Spouse; O - Jointly with other than spouse; A - Applicant's separate property; S - Spouse's separate property.							

SCHEDULE 4: REVOLVING CREDIT				SCHEDULE 5: INSTALLMENT CONTRACTS AND NOTES PAYABLE			
CREDITOR'S NAME	ACCOUNT NO.	Monthly Payment	Present Balance	CREDITOR'S NAME	ACCOUNT NO.	Monthly Payment	Present Balance
		TOTAL \$	TOTAL \$			TOTAL \$	TOTAL \$

I will immediately notify you in writing if there is a material change in my financial condition. In the absence of such notice, this shall constitute both a new and continuing statement of my financial condition each time I become obligated to you or you rely, to any extent whatsoever, on this statement of my financial condition.

I agree that my present and future obligations to you may become immediately due and payable, at your sole discretion and without damage or notice, if: (a) I, or any endorser or guarantor of any of my obligations, at any time fail in business, become solvent, commit an act of bankruptcy, or die; (b) a writ of attachment, garnishment, execution or other legal process is issued against a material portion of my property; © any act for the collection of delinquent taxes is taken against me; (d) any representation to you by me or a guarantor or endorser of my obligations proves to be misleading or untrue; (e) I fail to notify you of any material change in my financial condition or there is a materially adverse change in my condition; or (f) I sell or transfer any interest in my current business.

I agree that any of my property in your possession shall be subject to your lien and right to offset for my obligations to you.

You may verify the information contained in this statement with any third party. You may also release any information to others regarding my financial condition and your credit and deposit experience with me. By signing below, I hereby waive my rights under Vehicle Code Section 1808.21, so that, when you deem it necessary, you may obtain my residence address from the Department of Motor Vehicles.

I represent and declare under penalty of perjury that the foregoing is a true and correct statement of my financial condition. Any existing or threatened litigation, claim or circumstance which might reasonably be expected to affect my condition in the future is fully described below or in an attached statement.

X _____ Date _____ X _____ Date _____
 Applicant's Signature Co-Applicant's Signature
 _____ Date _____
 (Optional) Signature of Spouse/Former Spouse

To authorize verification of income and of credit history only (your spouse or former spouse's authorization may be needed if you are relying on his or her income or other community property).

Authorization

For Release of Personal Data Record Information

In connection with my Application for a franchise with Value Place, I hereby authorize Value Place Franchise Services LLC, or its agents, to contact any present or past employer, financial institution, law enforcement agency, reference or any other person, firm or corporation.

I authorize and request any of the firms or persons contacted to provide all information concerning me, and I hereby release said firms, institutions and their agents and employees from all liability and responsibility from releasing this information. I understand such reports may contain information concerning my character, credit history or criminal history. Value Place Franchise Services LLC agrees to restrict the use of this information only to the evaluation of my Application for a Value Place franchise.

I am willing and request that a photocopy of this Authorization be accepted with the same authority as the original.

I further authorize Value Place Franchise Services LLC or its agent, to release to prospective financial sources such financial and other information concerning me in their files as may be requested.

Print Name: _____

Address, city, state, zip: _____

Place of Birth: _____ Date of birth: _____

Social Security Number: _____

Drivers License Number: _____ State issued: _____

Signature: _____

Date: _____