



Keep America Cruising.

# Franchise Application

Thank you for your interest in joining the Brickyard Automotive family. Please have each person that will be signing a license fill out a separate application. The completion of this form places no continuing obligation on either party, and all information is for the confidential use of Brickyard Automotive, LLC in determining if our franchise opportunity is a good fit for you. We're excited to take the next step forward with you!

Date: \_\_\_\_\_

## PERSONAL INFORMATION

Name \_\_\_\_\_ Social Security # \_\_\_\_\_

Primary Phone \_\_\_\_\_ Phone 2 \_\_\_\_\_

Work Phone \_\_\_\_\_ Email \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Own? \_\_\_\_ Rent? \_\_\_\_ How long at this address? \_\_\_\_\_

Spouse's name \_\_\_\_\_ Spouse's SS# \_\_\_\_\_

(include separate application for Spouse if they will be a principal in the business)

# of Dependents \_\_\_\_ Ages \_\_\_\_\_

## BUSINESS EXPERIENCE

Employer 1 \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Position \_\_\_\_\_ Salary \_\_\_\_\_

Responsibilities \_\_\_\_\_

Employer 2 \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Position \_\_\_\_\_ Salary \_\_\_\_\_

Responsibilities \_\_\_\_\_

---

**Business Experience, continued**

**Employer 3** \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Position \_\_\_\_\_ Salary \_\_\_\_\_

Responsibilities \_\_\_\_\_

---

---

**EDUCATION**

Years completed College: 1 2 3 4      Grad School: 1 2 3 4

School/University attended \_\_\_\_\_ Degree \_\_\_\_\_

Trade School \_\_\_\_\_

Other Education/Training \_\_\_\_\_

---

Were you in the military? \_\_\_\_\_ Branch of service \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

---

**GENERAL INFO**

How did you hear about Brickyard Automotive? \_\_\_\_\_

Do you own, or have you ever owned, a franchise? \_\_\_\_\_ An automotive business? \_\_\_\_\_

If so, please elaborate \_\_\_\_\_

Do you see yourself primarily as an owner or as an active operator of your franchise? \_\_\_\_\_

Will you have any partners in this business? \_\_\_\_\_ [NOTE: Any participant contributing more than \$10,000 in the start up costs must be identified and fill out a separate Franchise Application with the necessary attachments]

Would you prefer to: \_\_\_ purchase or \_\_\_ lease the real estate?

When will you be ready to start? \_\_\_\_\_ Where would you like to locate your shop? \_\_\_\_\_

Are you interested in opening: \_\_\_ Single Unit      \_\_\_ Multiple Units

Anything else you think we should know about you that might help us understand you better?

---

---

---

---

---

**FINANCIAL INFORMATION**

ASSETS

Cash \$ \_\_\_\_\_  
Accounts receivable \$ \_\_\_\_\_  
Insurance surrender value \$ \_\_\_\_\_  
Stocks & Bonds \$ \_\_\_\_\_  
401K, Pension \$ \_\_\_\_\_  
Home Equity \$ \_\_\_\_\_  
Other real estate \$ \_\_\_\_\_  
Other real estate \$ \_\_\_\_\_  
Vehicle \$ \_\_\_\_\_  
Vehicle \$ \_\_\_\_\_  
Vehicle \$ \_\_\_\_\_  
Other assets \$ \_\_\_\_\_  
TOTAL \$ \_\_\_\_\_

LIABILITIES

Notes payable to banks \$ \_\_\_\_\_  
Notes payable to others \$ \_\_\_\_\_  
Loans against Insurance \$ \_\_\_\_\_  
Accounts payable \$ \_\_\_\_\_  
Interest payable \$ \_\_\_\_\_  
Home mortgage \$ \_\_\_\_\_  
Other mortgage \$ \_\_\_\_\_  
Other mortgage \$ \_\_\_\_\_  
Vehicle Loan \$ \_\_\_\_\_  
Vehicle Loan \$ \_\_\_\_\_  
Vehicle Loan \$ \_\_\_\_\_  
Other liabilities \$ \_\_\_\_\_  
TOTAL \$ \_\_\_\_\_

**NET WORTH** (total assets minus total liabilities) :

\$ \_\_\_\_\_

**LIQUIDITY** (cash available, liquid assets)

\$ \_\_\_\_\_

---

**FINANCIAL REFERENCES**

Bank: \_\_\_\_\_ Contact: \_\_\_\_\_

Phone \_\_\_\_\_ Account # \_\_\_\_\_

Checking \_\_\_ Savings \_\_\_ Other Account # \_\_\_\_\_

Major Creditor: \_\_\_\_\_ Contact: \_\_\_\_\_

Phone \_\_\_\_\_ Account # \_\_\_\_\_

Major Creditor: \_\_\_\_\_ Contact: \_\_\_\_\_

Phone \_\_\_\_\_ Account # \_\_\_\_\_

---

**CONSENT & RELEASE**

I authorize Brickyard Holdings, LLC. to access my personal information and/or make inquiries as necessary to determine my viability as a potential Brickyard Automotive Franchisee.

Signed: \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_



*A System Designed For Success  
And Long-Term Performance*

Expert Automotive Repair & Maintenance  
Provided By Skilled and Ethical Technicians,

Centers That Provide A Clean, Comfortable Environment  
With Fast, Dependable, and Friendly Service,

Along With

Fair Pricing Schedules  
That Deliver Maximum Long-Term Value  
To Our Loyal Customers.