



## NEW INITIAL OFFER FRANCHISE APPLICATION

CONFIDENTIAL

THIS IS A FILL-IN ADOBE PDF FORM, PLEASE SEE PAGE 4 FOR INSTRUCTIONS USING THIS FORM

**FORM MUST BE TYPED & COMPLETE ~ ALL INFORMATION ON THIS APPLICATION IS REQUIRED TO PROCESS LOAN REQUEST**

The information requested is fairly comprehensive because it will be used to determine your ability to properly finance your new ServiceMaster brand (ServiceMaster, Merry Maids, Furniture Medic, or AmeriSpec) business. We will also use this information to assist us in considering the type of financing arrangements that we may be able to provide. Even though you have previously filled out a Request for Consideration, you must complete this more detailed form using the most current information. We collect and maintain your financial and other personal information in accordance with our privacy policy for the purposes set out and disclose your information only as so authorized and as permitted by law; therefore the information that you share with us will be held in strict confidentiality and reviewed only by those involved with the approval process for New Franchisees and/or our Credit and Loans department at The ServiceMaster Acceptance Company L.P. ("SMAC").

If you live in a community property state (Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington, or Wisconsin), are you:

Married    
  Separated    
  Unmarried (Includes Single, Divorced, and Widowed)

Married applicants may apply for an individual loan. Indicate if you are applying for:   
 an individual loan, or   
 a joint loan with a spouse/co-applicant

**PERSONAL INFORMATION** (List spousal information if this will be a joint account or you will be relying on spousal income as a source of repayment of the credit)

Applicant (Full name)		Social Security Number		Date of Birth	
Spouse (Full name)		Social Security Number		Date of Birth	
Home Address					# of Dependents
City		State		Zip Code	
Home Phone		Cell Phone		E-Mail Address (where confidential information & loan documents can be sent)	
Applicant Current Occupation		Employer		Business Phone	
How Long?					
Education <input type="radio"/> High School <input type="radio"/> Some College <input type="radio"/> College Graduate <input type="radio"/> Post Graduate				University / Degree	
Spouse Current Occupation		Employer		Business Phone	
How Long?					
Education <input type="radio"/> High School <input type="radio"/> Some College <input type="radio"/> College Graduate <input type="radio"/> Post Graduate				University / Degree	
Name of closest relative not living with you		Address		Relationship	
City		State		Zip Code	
Phone					
Partner's Name (List If Other Than Spouse)				(EACH PARTNER MUST FILL OUT A SEPERATE APPLICATION)	

**FINANCIAL & BUSINESS INFORMATION**

What legal Structure will your business be?  
 Sole Proprietor   
 Partnership   
 C-Corporation   
 S-Corporation   
 Ltd. Liability Company   
 Ltd. Partnership   
 Other

Which type of franchise and license?  
 ServiceMaster Clean:   
 Janitorial   
 Residential   
 Commercial   
 Disaster Restoration   
 Small Market   
 Furniture Medic  
 Merry Maids:   
 Small Market   
 Mid-Size Market   
 Full Market   
 AmeriSpec

**Franchise Financing**

Amount

A. Initial Franchise Fee	
B. Products/Equipment/Other Items <small>(Included in franchise fee <u>except</u> for SMClean and Furniture Medic)</small>	
C. Total (A + B)	
D. Down Payment <small>(At least 20% of the initial franchise fee, products, equipment, plus other items)</small>	
E. Total Loan Financing Requested (C - D)	
Preferred Financing Repayment Terms	

Please identify your sources (Checking, Savings, Etc) & amounts of **Working Capital** for the business startup

Sources (Note if retirement funds)	Amount
<b>Total:</b>	

If using 401K or other retirement account, detail taxes & penalties in the Comments section on page 4.

**PERSONAL FINANCIAL REVIEW**  
 COMPLETE THE FOLLOWING SCHEDULES IN DETAIL  
 Use Separate Sheets If Necessary (All Calculations are Automatic)

**PERSONAL ASSETS**

SCHEDULE A - Cash (Checking, Savings, Etc.)

Owner(s)	Financial Institution / Type of Account	Account Number	Balance
TOTAL \$			_____

SCHEDULE B - Investments (Stocks, Bonds, Etc.)

Registered Owner(s)	Description / Type of Investment	No. of Shares	Price Per Share	Value
TOTAL \$				_____

SCHEDULE C - Life Insurance

A - B = C

Owner(s)	Company Name	Face Value	A) Cash Value	B) Loan(s)	C) Net Value
TOTAL \$					_____

SCHEDULE D - Other Assets (Personal Property, Vehicles, Etc.) \*Enter Real Estate Under Schedule E\*

Owner(s)	Financial Institution / Company	Description	Current Value
TOTAL \$			_____

**PERSONAL FINANCIAL REVIEW**  
 COMPLETE THE FOLLOWING SCHEDULES IN DETAIL  
 Use Separate Sheets If Necessary (All Calculations are Automatic)

**PERSONAL LIABILITIES**

SCHEDULE E - Real Estate								
Registered Owner(s)	Property Address	Mortgage Company	Year Purchased	Monthly Payment	Purchase Price	Market Value	Equity	Mortgage Balance
TOTAL \$ _____								

  

SCHEDULE F - Notes Payable (All Obligations to Third Parties: Installment, Charge Accounts, Etc.)								
Person(s) Liable	Type of Debt	Description	Interest Rate	Date Borrowed	# Of Pmts Remaining	Amount Borrowed	Monthly Payment	Amount Owed
TOTAL \$ _____								

  

SCHEDULE G - Other Liabilities								
Person(s) Liable	Type of Debt	Description	Interest Rate	Date Borrowed	# Of Pmts Remaining	Amount Borrowed	Monthly Payment	Amount Owed
TOTAL \$ _____								

Annual Income	Applicant	Spouse
Salary		
Bonuses & Commission		
Dividends & Interest		
Real Estate Income (Net)		
Other (Itemize)		
Other (Itemize)		
TOTAL INCOME: _____		

TOTAL ASSETS	\$ _____
TOTAL LIABILITIES	\$ _____
NET WORTH (Assets - Liabilities)	\$ _____

Contingent Liabilities	Amount
Are you an Endorser on any Notes? <input type="radio"/> Yes <input type="radio"/> No	
Are you a Defendant in any legal action? <input type="radio"/> Yes <input type="radio"/> No	
Are there any unsatisfied judgements against you? <input type="radio"/> Yes <input type="radio"/> No	
Have you ever been convicted of a felony? <input type="radio"/> Yes <input type="radio"/> No	
Have you ever filed bankruptcy? (Indicate below type and date filed)	
Other contingent liabilities (Detail below)	

## OTHER INFORMATION

### VEHICLE INFORMATION (Only for SMClean and Furniture Medic franchises)

If you plan to acquire a van through SMAC will you:

Purchase and finance through SMAC?  Yes  No OR Purchase through SMAC (No financing requested)?  Yes  No

### COMMENTS & ADDITIONAL INFORMATION:

Do you intend to devote full time to the franchise?  Yes  No

Will spouse be involved in the franchise? Part time?  Yes  No Full time?  Yes  No

Will either you or your spouse continue working in a business other than this franchise? You?  Yes  No Spouse?  Yes  No

Are you a U.S. citizen or a Green Card holder in the U.S.?  Yes  No

The information in this Application and other supporting documents (i.e. business and/or personal financial statements, individual tax returns etc.) is provided to assist The ServiceMaster Acceptance Company L.P. ("SMAC") in deciding whether to extend credit to the undersigned or to others upon the guarantee of the undersigned. The undersigned acknowledges and understands that SMAC relies on the information provided in deciding to grant, to continue credit, or to accept a guarantee thereof. Each of the undersigned represents, warrants, and certifies that the information provided is true, correct, and complete and agrees to notify SMAC immediately and in writing of any material change in: 1) any information provided, 2) the financial condition of any of the undersigned, or 3) the ability of any of the undersigned to perform their obligation to SMAC. SMAC may make all inquiries that it deems necessary to verify the accuracy of the information provided and to determine the credit-worthiness of the undersigned. SMAC may obtain and use consumer credit information in considering the undersigned's eligibility to obtain credit from SMAC and for informational purposes should the undersigned default on the terms of the credit if it is extended to the applicant. If approved for financing, the undersigned acknowledges that SMAC may file a Uniform Commercial Code Financing Statement (Form UCC-1) with the appropriate jurisdictions in which the undersigned's business operates to perfect a security interest in any collateral pledged. SMAC may require the spouse of the undersigned to execute any documents deemed necessary by SMAC. SMAC may require the undersigned to absorb the cost of any title, filing, credit search, or other miscellaneous charges related to this Application. This Application and any other information that the undersigned provides to SMAC shall be the property of SMAC. Thereafter, if credit is extended, in the event any payment on the loan becomes delinquent, SMAC, its agents, successors, and assigns may in addition to all their other rights and remedies, report the account information to any credit-reporting agency SMAC deems appropriate.

**Privacy Statement:** We collect and maintain your financial and other personal information in accordance with our privacy policy for the purposes set out and disclose your information only as so authorized and as permitted by law. Our complete privacy policy is available by calling 800-937-3939.

**Certification:** The undersigned acknowledges and certifies that if credit is extended to the undersigned or to others upon the guarantee of the undersigned by SMAC shall be solely for business purposes. The funds will not be used for personal or consumer purchases. Your signature grants permission for review of all provided information by the Loan Committee at The ServiceMaster Acceptance Company L.P. I/WE acknowledge that any intentional or negligent misrepresentation of any information contained in this Application may result in criminal penalties and/or civil liability, which may be available to SMAC, its agents, successors, and assigns who may suffer any loss due to reliance upon any misrepresentation, which I/WE have made on this Application. The undersigned acknowledges that they have read, understand, and agree to the terms stated above and consents SMAC to obtain credit reports for the purposes listed above.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Spouse Signature

\_\_\_\_\_  
Date

### SMAC Fill-in Form Instructions

#### Overview

The SMAC fill-in PDF form uses the features provided with Adobe Acrobat products. There are automatic calculations throughout the form; however, you are still responsible for entering correct and accurate information. Once you have completed the form you will need to print it to be able to sign the form before submitting.

#### Software Requirements

To view, complete and print the SMAC fill-in PDF form you will need the freely available Adobe Reader software installed on your computer. This fill-in form is enabled with "document rights" which will allow you to save what you have filled in on your PC. Version 6.05 or later of Adobe Reader is required. To download a free version of Adobe Reader go to the following link: <http://www.adobe.com/products/acrobat/readstep2.html>

#### Opening the Form

Your web browser may be configured with an Adobe Reader plug-in to allow you to open the file automatically within your browser's window upon download. To download the file directly to disk, right click on the form title link then select "Save Target/Link As..." from the menu. Use Adobe Reader to open the file. Fill-in forms with the ability to save locally will generate a dialog box when opened with Adobe Reader. If you are using Adobe Reader 6.05 or later, the dialog box will indicate that document rights have been applied to the PDF file and you can save the completed fill-in form. If you are using a version of Adobe Reader prior to Version 6.05, the dialog box will indicate that some features of the document will not operate and you will be prompted to obtain a newer version of Adobe Reader.

#### Completing the Form

When positioning the cursor on a fill-in area or element, the cursor will change appearance. The I-beam pointer allows you to type text. The hand pointer allows you to select a check box or radio button. Enter the appropriate data in each box or field. To move from one field to the next, press the Tab key. You can also use your cursor to move from field to field. Place your cursor in the field you want to fill in, then left-click.

Some fields limit the maximum number of characters you can enter and may automatically advance to the next field. For additional help with fill-in forms, see the Adobe Reader's online help information.



# Background Check Release

In connection with my interest in investigating a ServiceMaster brand franchise (ServiceMaster, Merry Maids, Furniture Medic, or AmeriSpec), I understand that investigative background inquiries are to be made on myself including consumer, criminal, driving, and other reports. This information will, in whole or in part, be obtained from Acxiom Information Security Services (AISS), 6111 Oak Tree Blvd, 4th floor, Independence, OH 44131, telephone 800.853.3228. These reports will include information as to my general reputation, character, mode of living, work habits, performance and experience along with reasons for termination of past employment from previous employers. Further, I understand that you will be requesting information from various federal, state and other agencies which maintain public and non-public records concerning my past activities relating to my driving, credit, civil, education and other experiences.

I authorize, without reservation, any party or agency contacted by the ServiceMaster Corporate Office to furnish the above mentioned information:

Applicant Name	Date of Birth*	Social Security Number
Alias / Maiden Name(s)		
Current Address	City & State	Zip Code
Driver's License Number	State	Driver's License Number
Applicant Signature	Date	

\* Date of Birth is being requested in order to obtain accurate retrieval of records.

**California, Minnesota, and Oklahoma Applicants Only:** Please check here to have a copy of your consumer report sent directly to you. Minnesota and Oklahoma applicants will receive a copy direct from AISS. California applicants may receive a copy from either the prospective employer or AISS.

**Notice to California Applicants**

Under Section 1786.22 of the California Civil Code, you have the right to request from AISS, upon proper identification, the nature and substance of all information in its files on you, including the sources of information, and the recipients of any reports on you which AISS has previously furnished within the two-year period preceding your request. You may view the file maintained on you by AISS during normal business hours. You may also obtain a copy of this file upon submitting proper identification and paying the costs of duplication services. Upon making a written request, you may receive a summary of your report via telephone.

**Mail or Fax Completed Form to:  
Market Expansion ~ 3839 Forest Hill-Irene Road ~ Memphis, TN 38125  
Phone: 800-338-6833 ~ Fax: 901-597-7580**

Please contact Market Expansion if you have any questions or require additional information.

If you have any questions regarding how to use this form see the detailed instructions on page 4 or call 800-338-6833.  
**ONCE YOU HAVE COMPLETED THIS APPLICATION, CLICK THE BUTTON ABOVE TO PRINT AND SIGN.**  
**PLEASE FAX COMPLETED FORM TO 901-597-7580.**