



*QUALIFICATION REPORT  
FOR  
FRANCHISE APPLICANTS*



**GARB-KO, INC.** is an Area Licensee of **THE SOUTHLAND CORPORATION**, pioneer of the convenience store and a recognized leader in the food and dairy industries. **GARB-KO, INC.** licenses the service mark **7-ELEVEN** from **THE SOUTHLAND CORPORATION**. **7-ELEVEN**, when used in this brochure, refers to **GARB-KO, INC. THE SOUTHLAND CORPORATION** and certain of its other Area Licensees also franchise **7-ELEVEN** stores.

**7-ELEVEN** will use this report to help evaluate your qualifications for a franchise. In addition, a retail credit check may be made. The name and address of the retail credit agency supplying **7-ELEVEN** with the report will be furnished upon written request made within a reasonable time after the date of this application. Applicants may be requested to provide physical examination information.

Applicants will be considered without regard to sex, race, religion, color, or national origin.

AN EQUAL OPPORTUNITY ORGANIZATION

**THIS IS CONFIDENTIAL INFORMATION AND IS NOT A CONTRACT**

Franchisee Applicant – Name:			First	Middle	Last	Date of Birth	Social Security Number
Applicant Spouse's Name:			First	Middle	Last	Date of Birth	Social Security Number
PRESENT ADDRESS	Years and Months	Street Address	City		State	Zip Code	Telephone ( ) -
PREVIOUS ADDRESS	Years and Months	Street Address	City		State	Zip Code	Telephone ( ) -
PREVIOUS ADDRESS (If above less than 5 years.)	Street Address		City		State	Zip Code	Telephone ( ) -
HAVE YOU EVER BEEN IN BUSINESS FOR YOURSELF?					If yes, Please Explain		
<input type="checkbox"/> YES <input type="checkbox"/> NO							
HAVE YOUR SPOUSE EVER BEEN SELF-EMPLOYED?					If yes, Please Explain		
<input type="checkbox"/> YES <input type="checkbox"/> NO							
HAVE YOU OR YOUR SPOUSE HAD ANY SERIOUS ILLNESSES OR ACCIDENTS WITHIN THE LAST TEN (10) YEARS?					If yes, Please Explain		
<input type="checkbox"/> YES <input type="checkbox"/> NO							
HAVE YOU OR YOUR SPOUSE BEEN DECLINED ACCIDENT, LIFE, OR HEALTH INSURANCE?					If yes, Please Explain		
<input type="checkbox"/> YES <input type="checkbox"/> NO							
HAVE YOU OR YOUR SPOUSE EVER BEEN CONVICTED OF SOMETHING OTHER THAN A MINOR TRAFFIC VIOLATION?					If yes, Please Explain and include date, location, charge, and disposition of charge.		
<input type="checkbox"/> YES <input type="checkbox"/> NO							

**EMPLOYMENT HISTORY**

List ALL Jobs Beginning with Present or Most Recent Employer

FRANCHISEE APPLICANT				APPLICANT'S SPOUSE							
Employer's Name		Telephone		Employer's Name		Telephone					
Street Address				Street Address							
City		State	Zip Code	City		State	Zip Code				
Your Job Title/Description of Duties				Your Job Title/Description of Duties							
Supervisor's Name		May we Communicate With Your Employer? <input type="checkbox"/> YES <input type="checkbox"/> NO		Supervisor's Name		May we Communicate With Your Employer? <input type="checkbox"/> YES <input type="checkbox"/> NO					
DATES OF EMPLOYMENT	From	To	SALARY PER MO.	Begin.	End	DATES OF EMPLOYMENT	From	To	SALARY PER MO.	Begin.	End
Reason For Leaving				Reason For Leaving							
Employer's Name		Telephone		Employer's Name		Telephone					
Street Address				Street Address							
City		State	Zip Code	City		State	Zip Code				
Your Job Title/Description of Duties				Your Job Title/Description of Duties							
Supervisor's Name		May we Communicate With Your Employer? <input type="checkbox"/> YES <input type="checkbox"/> NO		Supervisor's Name		May we Communicate With Your Employer? <input type="checkbox"/> YES <input type="checkbox"/> NO					
DATES OF EMPLOYMENT	From	To	SALARY PER MO.	Begin.	End	DATES OF EMPLOYMENT	From	To	SALARY PER MO.	Begin.	End
Reason For Leaving				Reason For Leaving							

**EMPLOYMENT HISTORY (Continued)**

Employer's Name			Telephone			Employer's Name			Telephone				
Street Address						Street Address							
City		State		Zip Code		City		State		Zip Code			
Your Job Title/Description of Duties						Your Job Title/Description of Duties							
Supervisor's Name			May we Communicate With Your Employer?			Supervisor's Name			May we Communicate With Your Employer?				
DATES OF EMPLOYMENT		From	To	SALARY PER MO.	Begin.	End	DATES OF EMPLOYMENT		From	To	SALARY PER MO.	Begin.	End
Reason For Leaving:						Reason For Leaving:							

If the above history does not include the past 10 years, submit additional data on a separate sheet.

**PERSONAL FINANCIAL STATEMENT**

ASSETS		LIABILITIES	
CASH ON HAND AND IN BANK	\$	SECURED NOTES PAYABLE TO BANKS	\$
U.S. GOVERNMENT SECURITIES		UNSECURED NOTES PAYABLE TO BANKS	
ACCOUNTS, LOANS, AND NOTES RECEIVABLE		NOTES PAYABLE TO RELATIVES	
CASH SURRENDER VALUE OF LIFE INSURANCE		ACCOUNTS AND NOTES PAYABLE TO OTHERS	
STOCKS		RENTS AND INTEREST DUE	
REAL ESTATE - HOME		TAXES DUE	
REAL ESTATE - OTHER		LIENS ON REAL ESTATE	
AUTOMOBILES, AND NUMBER		AUTO LOAN(S)	
OTHER ASSETS (Itemize)		CHARGE ACCOUNTS (Itemize)	
		CONTINGENT LIABILITIES	AS ENDORSOR OR CO-MAKER
			ON LEASES OR CONTRACTS
			LEGAL CLAIMS
			PROVISIONS FOR FED. INCOME TAX
			OTHER SPECIAL DEBT
<b>TOTAL ASSETS</b>	<b>\$</b>	<b>TOTAL LIABILITIES</b>	<b>\$</b>

TOTAL ASSETS MINUS TOTAL LIABILITIES EQUAL NET WORTH, OR \$ \_\_\_\_\_

SOURCE OF MONTHLY INCOME		MONTHLY EXPENSES			
SALARY	\$	RENT OR MORTGAGE PAYMENT	\$		
BONUSES OR COMMISSION		FOOD AND UTILITIES			
DIVIDENDS AND INTEREST		INCIDENTALS			
REAL ESTATE INCOME		AUTO LOAN(S)			
OTHER		MEDICAL			
		CHARGE ACCOUNTS	COMPANY NAME	BALANCE DUE	PAYMENT
<b>TOTAL INCOME</b>	<b>\$</b>	<b>TOTAL EXPENSES</b>	<b>\$</b>		

THE DIFFERENCE BETWEEN INCOME AND EXPENSES EQUALS: \$ \_\_\_\_\_

Amount of Cash available for Franchise	Source of Funds
\$ _____	<input type="checkbox"/> SAVINGS _____ <input type="checkbox"/> OTHER _____ <input type="checkbox"/> LOAN FROM BANK _____

**PERSONAL REFERENCES**

List 3 references (not relatives or employers) who have known you well for at least 5 years.

	NAME	STREET ADDRESS	CITY	STATE	ZIP	OCCUPATION	TELEPHONE	YEARS KNOWN
APPLICANT								
SPOUSE								

**BANK AND CREDIT REFERENCES**

ACCOUNT	ACCOUNT NUMBER	NAME OF BANK	STREET ADDRESS	CITY	STATE	ZIP
SAVINGS						
CHECKING						
CHARGE ACCOUNTS						

Briefly state why you desire a 7-Eleven Store Franchise:

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What Weekly Income Do You Need? \$	When Would You Be Available to Take a Store?			
DESIRABLE LOCATIONS OR AREAS	<table border="1"> <tr> <td>1st Choice</td> <td>2nd Choice</td> <td>3rd Choice</td> </tr> </table>	1st Choice	2nd Choice	3rd Choice
1st Choice	2nd Choice	3rd Choice		

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 recognize that 7-Eleven is not in any way obligated to franchise a store to me/us because of our execution of this document. I/We acknowledge that any false statement on this application shall be considered sufficient cause to deny further consideration. I/We understand that an inquiry 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 authorize the release of this information.  
A photographic copy of this authorization shall be as valid as the original.

_____ Franchisee Applicant Signature	_____ Franchisee Applicant Signature
_____ Date	_____ Date

**DO NOT WRITE BELOW THIS LINE**

**THIS SECTION TO BE COMPLETED BY FIELD REPRESENTATIVE**

GENERAL COMMENTS	
PERSONAL REFERENCES	
CREDIT REFERENCES	
RECOMMENDATION	

Field Representative's Signature	Date
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