Taters Enterprises Inc.

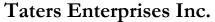


TEI Center 3536 HIlario St. Palanan Makati City 7985001 | 7985000 | tei@tatersgroup.com

Franchisee Application Form

The information you provide will be held strictly confidential, and completion of this form in no way constitutes any actual or implied obligation on the part of Taters Enterprises Inc. or the applicant. We encourage you to share any relevant information and include/attach anything that you find will make your candidacy stand out as a potential franchisee. We want the very best and most dedicated people to be a part of Taters Enterprises Inc. franchise system. If you are planning to have a business partner or investor, he/she should complete a separate application form and submit it in along with yours. Thank you again for your interest.

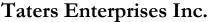
	PERSO	NAL INFORM	ATION			
Name of Franchise	_Location:					
Full Name:						
Home Address:			City/Sta	.te:		
Owned	Rent Live with Spouse / Relatives Live with Friends					
Home Phone:		Mobile Pho	one/s:			
Business Phone:		Email Add	ress/s:			
Civil Status:	Citizensl	hip:	1	Date of Birth:		
		_		Date/Place Issued:		
Name of Last Educational Institut						
jor / Degree:						
Number of Children:						
	Name		Age	Occupation		
1						
4						
5						
Other Dependents (pls specify):						
Will there be any other partners in	this business?	Yes	□ No)		
1 Name / Contact #	<u></u>		/_			
2 Name / Contact #	<u></u>		/_			
3 Name / Contact #	<u></u>		/_			
4 Name / Contact #	<u></u>		/_			
Note: If you do have a partner/s, a sepa	ırate application form wi	'll need to be submitted	for each partner.			
Have you ever owned your own fr	anchise or any other	type of business?	Ye	es No		
Business name (1):	Duration					
Address:		Number of employees				
Type of Business:				ž ,		
Business name (2):				Duration		
Address:				Number of employees		
Type of Business:				—		





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EMPLOYMENT HISTORY				
Present Employer				
May we contact your present employer/s?	Yes No			
Current Employer:	Name of	Superior		
Address:				
Contact No.:				
Position:	Salary:			
Started (year): to				
Other Benefits				
Description of Work / Duties and Responsibilit	ties:			
Previous Employers				
Previous Employer:	Name of Superior _			
Address:				
Contact No.:				
Position:	Salary:			
Benefits	Started (year):		to	
Description of work / Duties and Responsibiliti	ies:			
Reason for Leaving:				
Business / Character References				
Name	Address / Contact No.		Relationship	
		/	•	
	NANCIAL INFORMATION			
	nal financial information may be required to			
Please indicate the amount of capital you can all How much is the cash down payment you can n	,			
• • •	nake for a franchiser	Ρ		
Total Monthly Income				
Current Net Monthly Income				
Salary:	_			
Spouse's Salary:	_			
Other Income:	_			
	_			
	_			
Total Monthly Income:	_			
Financial References				
Name (1):	- ()			
Company:	1 7			
Telephone:	1			
Relationship:	Relationship:			





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If the required amount is not available, how will the investment be obtained? Thoroughly explain the strategies you have for obtaining the required funds. Use a separate sheet if necessary:

Business Goals			
In order of priority, list which specific types of busines	ss you prefer to become involved with.		
1			
2			
3			
, ,	aking)		
Flow did you become interested in this particular franc	chise?		
Your Personal and Professional Goals			
What are your (relalistic) goals three years from now?			
,			
What are your (relalistic) goals five years from now?			
State your reasons for believing you will be able to such	cessfully operate one of our franchises:		
Are there any concerns / disadvantages to owning one	e of our franchises? If so, please state your concerns:		
Enterprises Inc. or its affiliates or agents to conduct an information or consequential omission contained in the	s application is true and correct as of the date below. I authorize Taters ny necessary credit and/or background checks. I understand that any false his application would be cause for immediate terminations of any reached yself and Taters Enterprises Inc.		
The submission of this application does not obligate me in any way or manner.			
Signature	Date		
Print Name			