



Trust the Midas touch®

Request for Consideration

CONFIDENTIAL APPLICATION

This form, when completed, is an essential part of evaluating your qualifications to be awarded a Midas 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 Midas or you in any way or manner. (To be completed by each proposed partner of the Franchise Group.) Fax (480-452-1252) or email (joe@commercialplus.com) your completed Application to Commercial Plus for review. An associate will be in touch with you shortly. If you have any questions, please call 480-776-1022.

PERSONAL INFORMATION

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone 1: _____ Phone 2: _____

Email: _____

Preferred Method of Contact: Phone 1 Phone 2 Email

I am a Citizen or Permanent Resident of: Canada United States Other

WHY MIDAS

How did you hear about this opportunity? _____

Why are you interested in a Midas Franchise opportunity? _____

Why automotive service? _____

Have you been a customer of Midas? _____

Have you ever owned, operated or worked with any firm that provides automotive maintenance and /or repair services? Yes No

Have you ever been involved in a franchise operation before? Yes No

If yes, please give a brief history of your experience: _____

BUSINESS EXPERIENCE

WORK HISTORY Please give present or last position first, and provide the last 5 years of work 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: _____

BUSINESS OWNERSHIP HISTORY

Have you ever been self-employed or been a partner in a business? Yes No

If yes:

Business Name: _____ City: _____ State: _____

Ownership From: _____ To: _____

Business Description: _____

Please describe additional experience in a service or retail business not noted already: _____

FINANCIAL STANDING

How will you finance your franchise? (e.g.: personal funds, family investment, bank loan, etc) _____

What is your net worth? (If needed, see use worksheet below to calculate your net worth.) _____

ASSETS	AMOUNT	LIABILITIES	AMOUNT
Cash available for investment		Notes Payable to Banks or Finance Companies	
Value of Other Savings or Investments			
Real Estate Owned		Real Estate Mortgages Payable	
Other Personal Property		Other Loans	
Other Assets		Other Debt	
Total Assets		Total Liabilities	
NET WORTH (TOTAL ASSETS MINUS TOTAL LIABILITIES =			

What capital do you have available to invest? _____

To your knowledge would your credit rating be: Excellent Good Average Poor

(Midas does not check credit at this point in the process. This information is only to help us in our continued discussions with you.)

MANAGEMENT GOALS

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

If married, will your spouse be active in the franchise? Yes No NA

Do you plan to have equity partners? Yes No

If yes, please identify all partners:

NAME	ADDRESS	TELEPHONE	WILL PARTNER BE ACTIVE IN DAILY OPERATIONS?

When will you be available to open the business? Month _____ Year _____

Location Preference in order of most desirable location:

CITY	STATE
1.	
2.	
3.	

Would you be interested in discussing other locations if the above are not available? Yes No

>> Please attach resume.

By completing this Request for Consideration form, Midas will not verify funds or run a credit check. Midas International requires all Candidates to submit a more detailed financial personal data sheet before a Franchise is awarded.

Signature: _____ Date: _____

This information is not intended as an offer to sell, or the solicitation of an offer to buy, a franchise. It is for information purposes only. Currently, the following states regulate the offer and sale of franchises: California, Hawaii, Illinois, Indiana, Maryland, Michigan, Minnesota, New York, North Dakota, Oregon, Rhode Island, South Dakota, Virginia, Washington, and Wisconsin. If you are a resident of or want to locate a franchise in one of these states, we will not offer you a franchise unless and until we have complied with applicable pre-sale registration and disclosure requirements in your state.

SUBMIT

RESET FORM

After filling out the form, clicking "submit" will email the results of your form to an associate at "Commercial Plus" for review. You may also print the form and fax it to 480-452-1252. An associate will be in touch with you shortly. If you have any questions, please call 480-776-1022.