

# GloPatrol<sup>SM</sup> Franchise Application



Co-applicants, excluding spouses, must complete separate applications. Do you have other partners or investors? YES  NO   
 If yes, list co-applicant names.

Applicant Information

|   |       |        |          |
|---|-------|--------|----------|
| Name  | First | Middle | Last     |
| Former Name(s) and Date(s) Used   |       |        |          |
| Current Address   |       |        |          |
| Rent <input type="checkbox"/> Own <input type="checkbox"/> Since (Month/Year) |       |        |          |
| Street  |       |        |          |
| City  |       | State  | Zip Code |

List previous address(es) if at current address less than 7 years.

|   |  |               |          |
|---|--|---------------|----------|
| Previous Address 1  |  |               |          |
| Rent <input type="checkbox"/> Own <input type="checkbox"/> From (Month/Year)  |  |               |          |
| Street  |  |               |          |
| City  |  | State         | Zip Code |
| Previous Address 2  |  |               |          |
| Rent <input type="checkbox"/> Own <input type="checkbox"/> From (Month/Year)  |  |               |          |
| Street  |  |               |          |
| City  |  | State         | Zip Code |
| Social Security Number  |  | Date of Birth |          |
| Driver's License  |  | State         |          |
| Phone   |  | Mobile        | Email    |
| Home  |  |               |          |
| Current Employer  |  | Position      |          |
| Education   |  |               |          |
| High School <input type="checkbox"/> 2-Year College <input type="checkbox"/> 4-Year College <input type="checkbox"/> Area(s) of Study |  |               |          |

Spouse Information

|  |       |        |          |
|--|-------|--------|----------|
| Spouse Name  | First | Middle | Last     |
| Former Name(s) and Date(s) Used  |       |        |          |
| Current Address  |       |        |          |
| Same As Above <input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Since (Month/Year) |       |        |          |
| Street   |       |        |          |
| City   |       | State  | Zip Code |

List previous address(es) if at current address less than 7 years.

|  |  |               |          |
|--|--|---------------|----------|
| Previous Address 1   |  |               |          |
| Same As Above <input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Since (Month/Year) |  |               |          |
| Street   |  |               |          |
| City   |  | State         | Zip Code |
| Previous Address 2   |  |               |          |
| Same As Above <input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Since (Month/Year) |  |               |          |
| Street   |  |               |          |
| City   |  | State         | Zip Code |
| Social Security Number   |  | Date of Birth |          |
| Driver's License   |  | State         |          |
| Current Employer   |  | Position      |          |



# GloPatrol<sup>SM</sup> Franchise Application (continued)

Joint Information

|  |
|--|
| Have you or your spouse ever been convicted of anything other than minor traffic violations? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, explain.   |
| Has any judgment ever been entered against you, your spouse, your companies, or your employers where you or your spouse were one of the litigants? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, explain. |
| Are you or your spouse involved in pending litigation? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, explain.   |
| Have you or your spouse ever declared personal bankruptcy? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, state year and explain.  |
| Are you and your spouse US citizens or permanent legal residents, or do you otherwise have the legal rights to remain in the United States to operate a franchise? YES <input type="checkbox"/> NO <input type="checkbox"/>  |
| Do you or your spouse have previous business ownership experience? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, explain.   |

## Applicant and Spouse Combined Finances

Deposit Accounts \$ \_\_\_\_\_ + Retirement Accounts \$ \_\_\_\_\_  
 + Real Estate Owned \$ \_\_\_\_\_ + Other Assets \$ \_\_\_\_\_  
 - Loans and Other Liabilities \$ \_\_\_\_\_ = Approximate Net Worth \$ \_\_\_\_\_

Franchise Intent

|   |
|---|
| Why are you interested in owning a GloPatrol franchise?   |
| What skills, experience, or certifications do you have that will help make you a successful GloPatrol franchise owner?  |
| Do you intend to devote full-time or part-time efforts to your franchise? Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/>   |
| What is your principal city of interest?  |
| Are you considering multiple franchises? YES <input type="checkbox"/> NO <input type="checkbox"/> Do you intend to hire employees? YES <input type="checkbox"/> NO <input type="checkbox"/> |

References

|   |              |
|---|--------------|
| Provide two personal references (non-family members). |              |
| Full Name 1   | Relationship |
| City  | Phone        |
|   | Email        |
| Full Name 2   | Relationship |
| City  | Phone        |
|   | Email        |

Signatures

The information contained in this application is correct to the best of my knowledge. I hereby authorize Glo Patrol, LLC and its designated agents and representatives to conduct a comprehensive review of my background, causing a consumer report and/or an investigative consumer report to be generated for potential franchise approval purposes. I understand that the scope of the consumer report/investigative consumer report may include, but is not limited to, the following areas: verification of Social Security number; credit reports; current and previous residences; employment history; education background; character references; drug testing; civil and criminal history records from any criminal justice agency in any or all federal, state, and/or county jurisdictions; and driving records, birth records, and any other public records.

I further authorize any individual, company, firm, corporation, or public agency to divulge any and all information pertaining to me, verbal or written, to Glo Patrol, LLC or its agents. I further authorize the complete release of any records or data pertaining to me which the individual, company, firm, corporation, or public agency may have, to include information or data received from other sources. Glo Patrol, LLC and its designated agents and representatives shall maintain all information received from this authorization in a confidential manner.

I understand that, pursuant to the federal Fair Credit Reporting Act, Glo Patrol, LLC will provide me, upon request, with a copy of any generated report, if the information contained in such report is, in any way, to be used in making a decision regarding my fitness for franchise ownership with Glo Patrol, LLC. I further understand that, prior to potential declination for franchise ownership, such report will be made available to me before any such decision is made, along with the name and address of the reporting agency that produced the report.

Applicant \_\_\_\_\_ Date \_\_\_\_\_ Spouse \_\_\_\_\_ Date \_\_\_\_\_