



American Lenders  
Service Co.  
Franchise Development

# Part 1 REQUEST FOR CONSIDERATION

I hereby request consideration for an American Lenders Service Company franchise, liability insurance and bond coverage. The facts set forth in my request for consideration are true and complete. I understand that if accepted, any false statement on this application shall be considered sufficient cause for franchise termination. If I qualify for a franchise additional information may be requested.

### PLEASE ANSWER ALL QUESTIONS

TERRITORY FOR WHICH REQUEST IS MADE:		WOULD YOU CONSIDER ANY OTHER AREA? IF YES, WHERE?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
LAST NAME		FIRST NAME		MIDDLE NAME	
SOCIAL SECURITY NUMBER		DATE OF BIRTH		SEX M <input type="checkbox"/> F <input type="checkbox"/>	
CURRENT ADDRESS		CITY		STATE	
PREVIOUS ADDRESS		CITY		STATE	
HEIGHT ft. in.		WEIGHT lbs.		MARITAL STATUS: SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	
CURRENT OCCUPATION		Driver License Number			
FULL NAME OF SPOUSE		OCCUPATION OF SPOUSE			
NUMBER OF DEPENDENT CHILDREN		ARE YOU A CITIZEN OF THE U.S.A.? APPLICANT: YES <input type="checkbox"/> NO <input type="checkbox"/> SPOUSE: YES <input type="checkbox"/> NO <input type="checkbox"/>		INCOME OF SPOUSE MONTHLY: ANNUALLY:	
DRIVER'S LICENSE NUMBER		STATE		EXPIRATION DATE	
WILL THE FRANCHISE BE OWNED AND OPERATED BY ONLY YOU? YES <input type="checkbox"/> NO <input type="checkbox"/>		PARTNERSHIP? YES <input type="checkbox"/> NO <input type="checkbox"/>		WRITTEN CONTRACT? YES <input type="checkbox"/> NO <input type="checkbox"/>	
PLEASE EXPLAIN:					
HAVE YOU EVER BEEN BONDED?		IF YES, ON WHAT JOBS?			
HAVE YOU EVER BEEN CONVICTED OF, OR PLEAD GUILTY OR NOLO CONTENDERE TO A CRIME? YES <input type="checkbox"/> NO <input type="checkbox"/> IF YES, DESCRIBE.					
HAVE YOU EVER BEEN HELD LIABLE BY A CIVIL JUDGEMENT OR FINAL ARBITRATION AWARD FOR ANY ACT RELATING TO COLLATERAL RECOVERY OR COLLECTION ACTIVITIES OR RELATED SERVICES CONDUCTED BY YOU OR YOUR DISCRETION? YES <input type="checkbox"/> NO <input type="checkbox"/> IF YES, DESCRIBE.					
ARE YOU CURRENTLY SUBJECT TO ANY PENDING LITIGATION OR UNSATISFIED CIVIL JUDGMENT OR ARBITRATION AWARD? YES <input type="checkbox"/> NO <input type="checkbox"/> IF YES, DESCRIBE.					

### AUTHORIZATION STATEMENT

You are hereby authorized to make any investigation of my personal history and financial and credit record through any investigative credit agencies or bureaus of your choice.

In making this application for consideration, I also understand that an investigative consumer report may be made whereby information is obtained through personal interviews as to my character, general reputation, personal characteristics and mode of living.

THIS DOES NOT CONSTITUTE AN OFFER TO SELL A FRANCHISE. ANY SUCH OFFER MAY BE MADE ONLY PURSUANT TO AN OFFERING PREPARED AND DELIVERED IN ACCORDANCE WITH THE FTC RULE AND APPLICABLE STATE LAWS.

By typing my name in the "Signature of Applicant" box below I am signing this request for consideration as if I was writing my signature.

\_\_\_\_\_  
Date

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

**All information provided will be protected, kept confidential and used only for the purposes for which it is given.**