

# FRANCHISE APPLICATION

## United Food Company

Member of Abunayyan Holding Company

P.O Box 55447

Riyadh 11534

Kingdom of Saudi Arabia

REQUIRED DOCUMENTS FOR PROCESSING	
<b>Corporate Applicants</b> <ul style="list-style-type: none"><li>• Letter of Intent with Business Plan</li><li>• Company Background</li><li>• Copy of latest audited company financial statement</li><li>• CR copy</li><li>• ID copies of partners/ proprietor</li><li>• Bank details ( name of bank, A/C number, branch)</li><li>• Authorization to release of personal info ( format attached)</li></ul>	<b>Individual Applicants</b> <ul style="list-style-type: none"><li>• Letter of Intent with Business Plan</li><li>• Resume</li><li>• Copy of latest audited company financial statement</li><li>• CR copy</li><li>• ID copies of partners/ proprietor</li><li>• Bank details ( name of bank, A/C number, branch)</li><li>• Authorization to release of personal info ( format attached)</li></ul>

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**Approval**

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**Date**

## Confidential Application

This form, when completed, is an essential part of evaluation your qualifications to be awarded a Pizza Inn 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 Pizza Inn or you in any way or manner. (To be completed by each proposed partner of the Franchise Group).

### Personal Data

Name:

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Address:

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Citizen  Yes  No

If no, name country \_\_\_\_\_

Educational History \_\_\_\_\_

BUSINESS EXPERIENCE ( Work history and/ or business started). Please give present or last position first, and provide the last 5 years of work/ business 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 \_\_\_\_\_

Have you ever owned or been a partner in a business?  Yes  No if yes, what type:

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**ATTACH YOUR RESUME AND BUSINESS PLAN TO THIS APPLICATION**

**MANGEMENT GOALS**

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

If yes, please identify all partners:

<u>Name</u>	<u>Address</u>	<u>Telephone #</u>	<u>Active In Franchise</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

When will you be available to open the business? \_\_\_\_\_ Capital available to invest \_\_\_\_\_  
Location Preference: Home \_\_\_\_\_ Other \_\_\_\_\_

Describe any past experience in a retail business/ food business

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PERSONAL REFERENCES**

Name	Telephone Number	Association
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

How did you become aware of the Pizza Inn franchise opportunity? \_\_\_\_\_

\_\_\_\_\_

Why are you interested in Pizza Inn franchise opportunity? \_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Personal Financial Statement

NAME	DATE OF BIRTH	ID #	COMPANY ADDRESS			<input type="checkbox"/> MARRIED
						<input type="checkbox"/> UNMARRIED
						<input type="checkbox"/> SEPARATED
STREET ADDRESS	CITY AND STATE	ZIP	PHONE #	HOW LONG	<input type="checkbox"/> OWN HOME	<input type="checkbox"/> RENTED
						<input type="checkbox"/> MONTHLY
						<input type="checkbox"/> BUYING
						<input type="checkbox"/> OTHER
NAME AND ADDRESS OF COMPANY		POSITION	LENGTH OF BUSINESS	BUS. PHONE	AGES OF DEPENDENTS	
PARTNER						
DATE OF BIRTH		ID #	DRIVER'S LIC #			
NAME AND ADDRESS OF EMPLOYER		POSITION	LENGTH OF BUSINESS	BUS. PHONE		

**Audited Financial Statement**

**Financial Information as of**

ASSETS	AMOUNT	LIABILITIES	AMOUNT	MONTHLY PAYMENT
Cash In Bank		Income taxes/ zakat payable		
Cash in other institution ( detail)		Other taxes payable		
Securities owned ( Schedule 1)		Revolving credit ( Schedule 4)		
Pension		Installment contracts and notes payable to banks and others ( Schedule 5)		
Notes receivable including mortgages& Dees of Trust Owned (Schedule 2)		Mortgages or Liens on Real Estate ( Schedule 3)		
Real Estate Mkt Value ( Schedule 3)		Total Liabilities/ Payments		
Other Investments Partnerships, etc)		NET WORTH		
Automobiles		<b>TOTAL LIABILITIES</b>		
Personal Property				
Other Assets ( detail)				
<b>Total Assets</b>				

ANNUAL INCOME	AMOUNT	ANNUAL EXPENDITURES	AMOUNT	CONTINGENT LIABILITIES	AMOUNT
Sales, Net, Other income		Cost of Sales		As Endorser	
Co- Applicant/ Spouse		Other Expenses		As Guarantor	
Salary		Finance Charges		On Damage Claims	
Dividends/ Bonds		Tax/ Zakat		Letter of Credit	
Interest		Other ( Detail)		Other ( Detail)	
Rental				<input type="checkbox"/> Check here if "none"	
<b>Total</b>		<b>Total</b>		<b>Total</b>	

GENERAL Information- if married these questions apply to both you and your spouse.

Are these assets held in trust?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are any assets pledged or debts secured except as shown?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever had repossession?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever had a bankruptcy or had a judgment against you?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been a principal or guarantor of a firm that declared bankruptcy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you party to any claim or suits?	<input type="checkbox"/> Yes <input type="checkbox"/> No

**PERSONAL FINANCIAL STATEMENT ON ALL PRINCIPALS**

**SCHEDULE 1: MARKETABLE SECURITIES**

Are any of your securities restricted

Do you own 10% more of the outstanding shares of any company Yes No

HOW HELD	NO. SHARED OR BOND AMOUNT	DESCRIPTION	TITLE IN NAME OF	PLEGDED YES OR NO	WHERE TRADED	PRESENT MKT VALUE

Indicate: O- Jointly with Partners Total  
SR

**SCHEDULE 2: NOTES RECEIVABLE-MORTGAGE & DEED OF TRUST OWNED**

HOW HELD	NAME OF DEBTOR	COLLATERAL/ TYPE OF PROPERTY	DATE OF NOTE	ANNUAL P&1 PAYMENT	DUE DATE	1 <sup>ST</sup> OR 2 <sup>ND</sup> LIEN	UNPAID BALANCE

Indicate: O- Jointly with Partners Total  
SR

**SCHEDULE 3: REAL ESTATE HOLDINGS- MORTGAGES OR LIENS**

Indicates: SD= Single Dwelling; MD= Multiple Dwelling; C= Commercial/ Industrial

HOW HELD	PRPPERTY ADDRESS	a. Mkt. Value	Date Purch.	NAME OF LENDERS	a 1 <sup>st</sup> T.D. Bal	Mo. Payment
		b. Cost	% Owned		b. 2 <sup>nd</sup> T.D. Bal	Mo. Payment

Indicate: O- Jointly with Partners Total  
SR

**SCHEDULE 4: REVOLVING CREDIT**      **SCHEDULE 5: INSTALLMENT CONTRACTS AND NOTES PAYABLE**

CREDITOR'S NAME	ACCOUNT NO	Monthly Payment	Present Balance	CREDITOR'S NAME	ACCOUNT NO.	Monthly Payment	Present Balance
		<b>Total</b>	<b>Total</b>			<b>Total</b>	<b>Total</b>
		SR	SR			SR	SR

I will immediately notify you in writing if there is a material change in my financial condition. In the absence of such notice, this shall constitute both a new and continuing statement of my financial condition each time I become obligated to you or you rely, to any extent whatsoever, on this statement of my financial condition.

I agree that my present and future obligations to you may become immediately due and payable, at your sole discretions and without damage or notice, if ; (a) I, or any endorser pr guarantor of any of my obligations, at any time fail in business, become solvent, commit an act of bankruptcy, or die; (b) a writ of attachment, garnishment, execution or other legal process is issued against a material portion of my property; (c) any act for the collection of delinquent taxes is taken against me; (d) any representation to you or a guarantor or endorser of my obligation proves to be misleading or untrue; (e) I fail to notify you of any material change in my financial condition or there is a materially adverse change in my condition; or (f) I sell or transfer any interest in my current business.

I agree that any of my property in your possessing shall be subject to your lien and right to offset for my obligations to you. You may verify the information contained in this statement with any third party. You may also release any information to others regarding my financial condition and your credit and deposit experience with me. By signing below, I hereby waive my rights under Vehicle Code Section 1808.21, so that, when you deem it necessary, you may obtain my residence address from Department of Motor Vehicles.

I represent and declare under penalty of injury that the foregoing is the true and correct statement of my financial condition. Any existing or threatened litigation, claim or circumstance which might reasonably be expected to affect my condition in the future is fully described below or in an attached statement.

**X** \_\_\_\_\_ Date \_\_\_\_\_ **X** \_\_\_\_\_  
 Applicant's Signature Co-Applicant's Signature

\_\_\_\_\_ Date \_\_\_\_\_  
 (Optional) Signature of Spouse/ Former Spouse

Note: To authorize verification of income and of credit history only

## **Authorization**

For Release of Personal Data Record Information

In connection with my Application for a franchise with Pizza Inn, I hereby authorize Pizza Inn, Inc. or its agents, to contact any present or past employer, financial institution, law enforcement agency, reference or any other person, firm or cooperation.

I authorize and request any of the firms or persons contacted to provide all information concerning me, and I hereby release said firms, institutions and their agents and employees from all liability and responsibility from releasing this information. I understand such reports may contain information concerning my character or skill, credit history or criminal history. Pizza Inn, Inc. agrees to restrict the use of this information only to the evaluation of my Application for Pizza Inn franchise.

I am willing and request that a photocopy of this Authorization be accepted with the same authority as the original.

I further authorize Pizza Inn, Inc. or its agent, to release to prospective financial sources such financial and other information concerning me in their files as may be requested.

Print Name: \_\_\_\_\_

Place of Birth: \_\_\_\_\_ Citizenship (Country) \_\_\_\_\_

Iqama ID # \_\_\_\_\_ Date of Birth \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Estimated initial investment guideline for each Pizza Inn restaurant concept:

	Dine In/ Buffet	Delivery/ Carryout	Express
International Franchise Fee			
Royalty			
Equipment/Décor/ Signage			
Small Wares			
Opening Inventory			

Exclusions to the above investment guideline are as follows:

- Pre Opening
- Rent/ Lease
- Printing Marketing Material
- License Fees for exclusive Territory Development & other fees as per local market requirements
- Labor Cost/ Management Fees/Project Fees
- Raw Material Cost
- Freight

All Preliminary Business Plan with Franchise Form & require documents are submitted to:

**Kind Attn: Haitham Hamie**  
Chief Executive Officer  
United Food Company-Pizza Inn  
P.O Box 55447 Riyadh 11534- Saudi Arabia  
7<sup>th</sup> Floor, SAAD Bldg., Next to Centria Mall, Olaya Street

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Fax No: +966 1 2177853

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