

Required Information and Forms

Franchisee Application Form

After serious consideration and having thoroughly read the above information you still wish to be considered as a Brad's Test and Tag Franchisee below please find our Franchisee Application Form.

The attached application is provided to you, "the Applicant", by Brad's Test and Tag in order to determine your suitability as a Brad's Test and Tag Franchisee.

As the information provided will be relied upon by and form the basis for a number of decisions by Brad's Test and Tag, it is a fundamental requirement that all information be true, accurate and not in any way misleading.

To clarify your financial position you may be requested to produce proof of your financial situation.

Brad's Test and Tag may contact your referees to assist in evaluating your application. You should, therefore, inform your referees of this fact and not list any referees that you do not want contacted.

A deposit of \$2,000.00 ("Deposit") must accompany this application.

Brad's Test and Tag shall refund the full amount of the Deposit should your application be declined. If your application is accepted, the Deposit will be fully refundable up until you instruct Brad's Test and Tag to begin preparation of Brad's Test and Tag Franchise Agreement or any associated franchise documentation. The Deposit will then be applied to the preparation of the franchise documentation. Details of the costs of this preparation will be provided to you.

Should you not proceed with the purchase of a Brad's Test and Tag Franchise by signing Brad's Test and Tag Franchise Agreement, Brad's Test and Tag shall refund to you the Deposit less its reasonable costs in preparing the franchise documentation. The refund will be made upon safe return of all of Brad's Test and Tag franchise documentation.

Once you have completed this application form please forward it along with your deposit cheque for \$2,000.00 to Brad's Test and Tag, PO Box 6269, Fairfield Gardens, QLD, 4103.

Should you have any queries, at any time you should feel free to contact the National Franchisor Mr Paul Hughes on 07 3848 9900.

BRAD'S TEST AND TAG

INITIAL INFORMATION PACK

CURRENT/PROPOSED STRUCTURE (please circle)			
SOLE TRADER	PARTNERSHIP	PTY LTD COMPANY	LTD COMPANY

APPLICANT DETAILS (If the Applicant is a company please complete the details below)			
NAME OF APPLICANT		ABN:	
REGISTERED ADDRESS:			
BUSINESS ADDRESS:			
TELEPHONE NO:		FACSIMILE NO:	

APPLICANT'S DETAILS (Please complete information below for all individuals (including Directors if the Applicant has been listed as a company above) (If more than 2 insert typed sheets)				
1. FULL NAME				
POSITION: (please circle)	SOLE TRADER	PARTNER	DIRECTOR	SHAREHOLDER
PRIVATE ADDRESS:				
TELEPHONE NO.	HOME:	BUSINESS:		
E-MAIL ADDRESS:				
DRIVER'S LICENCE NUMBER:		PLACE OF ISSUE:		
DATE OF BIRTH:		MARITAL STATUS:		
SPOUSE'S NAME:		AGE OF CHILDREN:		
IF MARRIED WILL SPOUSE BE ACTIVE IN THE BUSINESS				YES / NO
% OWNERSHIP OF BUSINESS				%

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OTHER DIRECTORSHIPS/BUSINESS INTERESTS (name of company/business and address):	
FORMER ADDRESS:	
HEALTH:	GOOD / FAIR / POOR
DESCRIBE ANY PHYSICAL OR MENTAL DISABILITIES OR LIMITATIONS:	
PERSONAL QUALIFICATIONS, DEGREES OR DIPLOMAS:	
FORMAL TRAINING IN SALES, RETAILING OR MANAGEMENT:	

2. FULL NAME				
POSITION: (please circle)	SOLE TRADER	PARTNER	DIRECTOR	SHAREHOLDER
PRIVATE ADDRESS:				
TELEPHONE NO.	HOME:	BUSINESS;		
E-MAIL ADDRESS:				
DRIVER'S LICENCE NUMBER:		PLACE OF ISSUE:		
DATE OF BIRTH:		MARITAL STATUS:		
SPOUSE'S NAME:		AGE OF CHILDREN:		
IF MARRIED WILL SPOUSE BE ACTIVE IN THE BUSINESS				YES / NO
% OWNERSHIP OF BUSINESS				%

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FORMER ADDRESS:	
HEALTH:	GOOD / FAIR / POOR
DESCRIBE ANY PHYSICAL OR MENTAL DISABILITIES OR LIMITATIONS:	
PERSONAL QUALIFICATIONS, DEGREES OR DIPLOMAS:	
FORMAL TRAINING IN SALES, RETAILING OR MANAGEMENT:	

APPLICANT'S PHOTOGRAPH

Please attach a photograph of the applicant, or the director(s) of the Applicant if the Applicant is a company, in the space provided below.

<p>Please affix photograph here.</p>

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TRUSTS

(If any Applicant is the trustee of a Trust this section must be completed and a copy of the Trust Deed provided to Brad's Test and Tag)

NAME OF TRUST:	
DATE TRUST ESTABLISHED:	
NAMES OF BENEFICIARIES/ UNIT HOLDERS:	

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FURTHER APPLICANT INFORMATION

ACCOUNTANT			
NAME:		CONTACT:	
ADDRESS:			
		TELEPHONE NO.	

BANKER			
NAME:		CONTACT:	
ADDRESS:			
		TELEPHONE NO.	

SOLICITOR			
NAME:		CONTACT:	
ADDRESS:			
		TELEPHONE NO.	

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PREVIOUS EMPLOYMENT HISTORY (Please complete information below for all individuals)			
1. OCCUPATION:			
POSITION:			
COMPANY:			
TYPE OF BUSINESS:			
ADDRESS:			
CONTACT PERSON:		TELEPHONE No.	
PERIOD OF EMPLOYMENT:		COMMENCEMENT DATE:	
REASON LEFT:			
RESPONSIBILITIES:			

2. OCCUPATION:			
POSITION:			
COMPANY:			
TYPE OF BUSINESS:			
ADDRESS:			
CONTACT PERSON:		TELEPHONE No.	
PERIOD OF EMPLOYMENT:		COMMENCEMENT DATE:	
REASON LEFT:			
RESPONSIBILITIES:			

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3. OCCUPATION:			
POSITION:			
COMPANY:			
TYPE OF BUSINESS:			
ADDRESS:			
CONTACT PERSON:		TELEPHONE No.	
PERIOD OF EMPLOYMENT:		COMMENCEMENT DATE:	
REASON LEFT:			
RESPONSIBILITIES:			

BUSINESS EXPERIENCE (if applicable) (provide details of existing or past business interests and list most recent first)	
1. TRADING NAME:	
TRADING ADDRESS:	
NATURE OF BUSINESS:	
OWNERS:	
INTEREST:	%
	%
	%
COMMENCEMENT DATE:	/ /
DATE SOLD OR INTEREST CEASED:	

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2. TRADING NAME:	
TRADING ADDRESS:	
NATURE OF BUSINESS:	
OWNERS:	
INTEREST:	%
	%
	%
COMMENCEMENT DATE:	/ /
DATE SOLD OR INTEREST CEASED:	

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REFERENCES (Provide 2 trade references and 1 personal reference)			
1. NAME:		TELEPHONE NO:	
POSITION:		COMPANY:	
NATURE OF REFERENCE (i.e. personal, employment, etc):			

2. NAME:		TELEPHONE NO:	
POSITION:		COMPANY:	
NATURE OF REFERENCE (i.e. personal, employment, etc):			

3. NAME:		TELEPHONE NO:	
POSITION:		COMPANY:	
NATURE OF REFERENCE (i.e. personal, employment, etc):			

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CONVICTIONS AND LEGAL PROCEEDINGS	
Give details of any conviction against you personally, in any state or territory of Australia or elsewhere, under any legislation.	
PLACE & YEAR OF CONVICTION:	
TYPE OF OFFENCE:	
PENALTY:	
Give details of any proceedings, whether they are of a legal or administrative nature of which you or any company of which you have been a director or shareholder has been subject, whether or not in Australia. Please specify:	
NAME OF PLAINTIFF:	
NAME OF DEFENDANT:	
YEAR IN WHICH PROCEEDINGS ISSUED:	
YEAR IN WHICH PROCEEDINGS CONCLUDED:	
SUBJECT MATTER OF THE PROCEEDINGS:	
NATURE OF THE JUDGMENT AWARDED FOR AND AGAINST YOU AND THE QUANTUM OF THAT JUDGMENT:	

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FINANCIAL BACKGROUND	
Are you, or have you ever been, bankrupt, the subject of a sequestration order or creditors' petition, or had estate assigned for the benefit of creditors? (Tick appropriate box)	
YES	NO
If yes, give details including when discharged (if relevant)	
Are you, or have you ever been a director or shareholder of a company when it was placed under receivership, official management or administration, or in liquidation? (Tick appropriate box)	
YES	NO
If yes, give full details	
Are you, or have you ever been not creditworthy? (Tick appropriate box)	
YES	NO
*A person is not credit worthy when suppliers will no longer provide supplies on credit because of the person's past record of bad payment of accounts.	
If yes, give details including place and time	
Are you, or have you ever been, a director or shareholder of a company when it was not creditworthy (Tick appropriate box)	
YES	NO
If yes, give details including place and time	

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HOUSEHOLD INCOME/EXPENDITURE (list current monthly information)			
INCOME	\$	EXPENDITURE	\$
Total salary/wages		Mortgage repayments	
Bonus/commissions		Finance/loan repayments	
Dividends/interest		Credit card repayments	
Real estate income		Telephone/electricity	
Other income (specify)		School fees & expenses	
		Rates and taxes	
		Insurance	
		Other expenditure (specify)	
TOTAL		TOTAL	

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STATEMENT OF ASSETS AND LIABILITIES		
Please provide details on the following asset verification schedules (schedule numbers in parenthesis)		
ASSETS		
Real Estate – current market value	(1)	
Cash on Hand and in financial Institutions	(2)	
Net value of business interests	(3)	
Shares/bonds/debentures – current market value	(4)	
Other assets	(5)	
(A) TOTAL ASSETS		\$
LIABILITIES		\$
Real Estate & Mortgages	(1)	\$
Notes/Loans payable to Financial Institutions	(6)	\$
Loans payable to friends and relatives	(6)	\$
Other debts and obligations	(7)	\$
(B) TOTAL LIABILITIES		\$
(C) NET WORTH (A) – (B) =		\$

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ASSET VERIFICATION SCHEDULES								
(1) REAL ESTATE								
Address & description of Property (residential, rental, vacant)	Date Acquired	Title in name(s)	Original Cost	Original Mortgage Amount	Monthly repayments	Current Market Value	Current Mortgage Balance	Net Value
TOTAL						\$	\$	\$
(2) CASH ON HAND AND IN FINANCIAL INSTITUTIONS								
Name of Financial Institution	Description of Deposit					Amount	Maturity	
TOTAL						\$	\$	

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(3) BUSINESS INTEREST							
Name of Business	Description	Type Partnership Corp. Sole	Name of all owners	Relation to Applicant	% Equity	Valuation Method	Net Value

(4) LISTED SECURITIES		
No. of Shares	Description	Current Market Value
TOTAL		\$

BONDS/ DEBENTURES			
No.	Description	Face Value	Current Market Value
TOTAL		\$	\$

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(5) OTHER ASSETS (e.g. stock options, cash value of life insurance, automobiles and other personal property etc).	
DESCRIPTION	CURRENT FAIR MARKET VALUE
TOTAL	\$

(6) LOANS/NOTES/ACCOUNTS PAYABLE (excluding mortgages)								
Lender	Relation to Applicant	Nature of debt	Secured yes/no	Maturity Date	Original Face Value	Monthly Repayments	Interest Rate	Present Balance
TOTAL								\$

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(7) OTHER DEBTS AND LIABILITIES (e.g. Insurance Loans, Alimony, child support, leases, contracts, legal claims, judgements, chattel mortgages, taxes, guarantor, etc)		
Obligee	Description	Amount
TOTAL		\$

FORM A

Acknowledgement Of Receipt Of Financial Information And Franchising Code Of Conduct

The Brad's Test and Tag franchising program has been professionally developed, however you must understand that being selected as a Franchisee is not a guarantee of success. Your results will depend upon the amount of effort you apply to the business and strict adherence to the system of operation of the Franchisor. You or the Franchisor may fail. When you go into business you must accept the risk of failure.

We strongly recommend that you seek independent legal, commercial and financial advice. If you are selected as a franchisee you will be entering into an agreement on the basis that you relied on the advice of your accountant and/or solicitor. Take your time. Read all the information carefully and make sure any questions you have about the franchise are answered to your satisfaction.

Signing this form does not obligate you or the Franchisee in any way. It is an acknowledgment that you have received:

- a copy of the Franchising Code of Conduct; and
- a copy of this Form.

PLEASE PRINT IN BLOCK LETTERS

Date of Financial Information:

Signed: _____

Full Name/s: _____

Address:

No. & Street

Suburb: _____ Postcode: _____

Telephone: (BH) _____ (AH) _____ Fax: _____

Date: _____

Details of next appointment:

Time _____

Date _____

Location _____

Franchising Code of Conduct

This is a legal document that forms a core part of the legal framework of Franchising. It has been attached under separate cover and should be read thoroughly.