



AROUNDABOUT COMMUNITY MAGAZINES, INC.

1025 ROSE CREEK DRIVE, SUITE 340, WOODSTOCK, GEORGIA 30189 TELEPHONE (770) 516-7105 ♦ FACSIMILE (770) 516-4809

PRELIMINARY APPLICATION
(Please Type or Print)

PERSONAL INFORMATION

Date: _____

Name: _____ Age: _____

Residence Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (____) _____ Marital Status: _____ Name and ages of children: _____

_____ Spouse's Name _____

City, County and State of Residence Over Last 10 Years: _____

EDUCATION

Institution: _____ Did You Graduate? _____ Date Graduated: _____

Degree _____ Other: _____

BUSINESS EXPERIENCE

Current Employer: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____ Type of Business: _____

Previous Employer: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____ Type of Business: _____

Length of Employment: _____ Position: _____

Spouse's Current Employer: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____ Type of Business: _____

Spouse's Previous Employer: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____ Type of Business: _____

Length of Employment: _____ Position: _____

Memberships and Affiliations: _____

FINANCIAL INFORMATION

Approximate Income: \$ _____ Spouse's Income: \$ _____

Approximate Net Worth: \$ _____ Approximate Cash Available for Investment: \$ _____

I understand that any associates who join me in the ownership of the franchise must also complete a Preliminary Application. Please send forms to:

Name	Address	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____

Do you presently: Own or Rent House Condo or Apt. ? Approx. Equity in Home: _____

Do you have a source of financing for this investment? Yes No Source(s): _____

My Primary Bank: _____

Address: _____

City: _____ State: _____ Zip: _____

Person to Contact: _____

Additional Pertinent Information: (attach separate sheet, if necessary): _____

I understand that a more complete financial statement will be required prior to the sale of an AroundAbout Community Magazines franchise.

GENERAL INFORMATION

By what date do you wish to open your franchise? _____ What City/Area(s)? _____

Are you willing to relocate? Yes No If yes, to what area(s)? _____

General remarks and/or questions: (attach separate sheet, if necessary) _____

I understand that your receipt of this data or any other information obligates neither AroundAbout Community Magazines, Inc. nor me, and that this information is confidential.

By: _____ By: _____
Signature of Applicant Signature of Co-applicant

Printed Name Date Printed Name Date