



GUARDSMAN[®]
FURNITURE PRO
FRANCHISE APPLICATION

If you possess that special combination of talent, motivation, experience and financial resources and want to be considered for a Guardsman FurniturePro[®] franchise, please complete this application. This is not a contract. All information you provide will be held in complete confidence. Your current employer will not be contacted without your permission.

Instructions: Please complete this application in its entirety. You may attach other documents or additional pages containing the required information, as needed. Please sign and date the last page of the application.

Legal Name of Potential Franchisee	
Mailing address, including city state and zip	
Physical Business address (if different from above)	
Business Telephone	
Mobile Telephone	
Is the franchisee is corporation, limited liability company, or other legal entity?	Yes/No
What kind?	Corporation/LLC/LLP/Other
State of incorporation or organization	
FEIN or (if individual, Social Security Number)	
(For individual, also provide date of birth)	
(For individual, please state whether you are a US Citizen or other immigration status)	
Please return a copy of your articles of incorporation or other organizing documents with this application	

If a corporate entity (and not a natural person), name of each officer, director, or shareholder	
What is the size of your business? Please provide two years' financial statements for your business, or if such statements are unavailable, please provide other financial records to demonstrate your creditworthiness and ability to operate the franchise. If you do not have financial statements, please reference the financials that must be provided as part of your credit application, found on a separate form	
Do you carry CGL or any other insurance for this business? If so, please provide the name of your carrier and your agent, along with a copy of the coverages and coverage limits and any exceptions to coverage set forth in the declarations.	
Do you carry automobile insurance for any vehicle that you operate in connection with this business? If so, please provide the name of your carrier and your agent, along with a copy of the coverages and coverage limits and any exceptions to coverage set forth in the declarations. Please also provide the driver's license number (including the state of issue and expiration date) for each operator of any vehicle that you operate in connection with this business.	
For which territories are you are interested in securing a franchise? Please identify by zip code or by other geographic boundaries (such as city and state names, etc.)	

Briefly describe your prior business experience, and attach a resume if available. May we contact your prior employers?	
Have you ever operated a franchise before? Please provide the name of the franchisor and the years of operation	
How will you provide funding for the franchise?	Bank Loan Personal Loan from _____ relationship _____ Own money Other investors: Name _____ relationship _____ Other (specify): _____
Note: Valspar reserves the right, in its sole discretion, to require a completed franchise application from each investor	
Are you currently performing furniture repair work?	
How many repairs do you perform monthly?	
How many employees do you have that perform furniture repairs?	
How many other employees do you have? What do they do?	
What kind of repairs are you able to perform? Circle all that apply	Fabric Stain Removal Fabric Repair Leather Stain Removal Leather Repair Wood Repair Wood Refinishing
Will your franchise, if approved, perform all of these services?	Yes/No
If No, please specify the services that you do not wish to include the franchise	
Please describe your training in each of these furniture repairs. You may use separate sheets if required.	

Are you prepared and able to come to Grand Rapids, Michigan, for up to two weeks for training by the Guardsman technical staff, if required by Guardsman?	
Personal Reference No. 1 (name, address, telephone, relationship)	
Personal Reference No. 2 (name, address, telephone, relationship)	
Personal Reference No. 3 (name, address, telephone, relationship)	
Education	
High School (Name, City, State, Years Completed)	
College (Name, City, State, Years Completed)	
Technical School (Name, City, State, Years Completed)	
Have you ever declared bankruptcy? If yes, year(s)	Yes/No
Have you ever been a defendant named in a lawsuit? If yes, provide details	Yes/No
Have you had any moving violations in the last 7 years? If yes, provide details	Yes/No
Has your drivers license ever been restricted, revoked, or suspended? If yes, provide details	Yes/No
Have you ever been refused a bond? If yes, provide details	Yes/No
Have you ever been convicted of a felony? If yes, provide details	Yes/No
Have you ever been convicted of a misdemeanor? If yes, provide details	Yes/No

You will also need to complete Valspar's credit application and provide bank and other references as set forth in that application.

Prior to your franchise initiation, you will also be subject to a criminal background check and drug test. Valspar does not discriminate in any form on the basis of race, color, creed, gender, religion, national origin, disability, age, marital status, sexual orientation, veteran status or any other classification protected by local, state or federal law.

<p>Certification: I authorize The Valspar Corporation to make investigations of my credit, character, and ability, and to contact anybody, whether or not listed above, including former employers, in order to obtain personal information about me for the purpose of evaluating this application for a franchise. I release all such persons from any liability or damages that may be incurred as a result of furnishing such information. I declare under penalty of perjury that all statements made in this application are true, complete, and correct.</p> <p>I hereby give consent to the company to undertake a background check, including a criminal background check.</p> <p>I understand that Valspar will rely on the information contained herein in evaluating my qualifications for a franchise.</p>	Signature and Date
<p>If awarded a Guardsman FurniturePro Franchise, I promise to operate the franchise in full accordance with the Franchise and License Agreement. I understand that the purpose of this questionnaire is to provide information for Valspar to determine whether to award a franchise to me, and that the acceptance of this application for consideration by Valspar is not binding on Valspar or me.</p>	Signature and Date