



FRANCHISE BUSINESS LOAN APPLICATION

CONFIDENTIAL

THIS IS A FILL-IN ADOBE PDF FORM, PLEASE SEE PAGE 4 FOR INSTRUCTIONS USING THIS FORM
FORM MUST BE TYPED AND COMPLETE

Mail or fax completed form to:
 The ServiceMaster Acceptance Company L.P. ~ 860 Ridge Lake Blvd, D1-4003 ~ Memphis, TN 38120
 Phone: 800-937-3939 ~ Fax: 800-220-7676

Please contact SMAC if you have any questions or require additional information.

If you live in a community property state (Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington, or Wisconsin), are you:

Married
 Separated
 Unmarried (Includes Single, Divorced, and Widowed)

Married applicants may apply for an individual loan. Indicate if you are applying for: an individual loan, or a joint loan with a spouse/co-applicant

Business Information

Legal Business Name (under which tax returns are filed)		Business Name (or DBA Name)	
Business Address (street address required - no P.O. Boxes)		Federal Tax ID Number or Social Security Number	
City	State	Zip Code	
Mailing Address (if different)		Date Business Established	
City	State	Zip Code	
Business Phone	Business Fax	Business E-Mail Address	
Type of Ownership <input type="radio"/> Sole Proprietor <input type="radio"/> Partnership <input type="radio"/> C-Corporation <input type="radio"/> S-Corporation <input type="radio"/> Ltd. Liability Company <input type="radio"/> Ltd. Partnership <input type="radio"/> Other			
Please list the following information of the owners, officers, and/or partners of your business. Complete a separate application for each owner other than spouse.			
Owner #1	Title	% of Ownership	
Owner #2	Title	% of Ownership	
Owner #3	Title	% of Ownership	
Owner #4	Title	% of Ownership	
Type of Franchise and Type of License <input type="radio"/> ServiceMaster Clean: <input type="radio"/> Janitorial <input type="radio"/> Residential <input type="radio"/> Commercial <input type="radio"/> Disaster Restoration <input type="radio"/> Small Market <input type="radio"/> Merry Maids: <input type="radio"/> Small Market <input type="radio"/> Mid-Size Market <input type="radio"/> Full Market <input type="radio"/> Furniture Medic <input type="radio"/> AmeriSpec			
Name(s) on Franchise License		Enterprise / Franchise Number	Date Franchise Purchased

Personal Information (List spousal information if this will be a joint account or you will be relying on spousal income as a source of repayment of the credit)

Applicant (Full name)		Social Security Number	Date of Birth
Spouse (Full name)		Social Security Number	Date of Birth
Home Address			# of Dependents
City	State	Zip Code	
Home Phone	Cell Phone	E-Mail Address	

PERSONAL FINANCIAL REVIEW
 COMPLETE THE FOLLOWING SCHEDULES IN DETAIL
 Use Separate Sheets If Necessary (All Calculations are Automatic)

PERSONAL ASSETS

SCHEDULE A - Cash (Checking, Savings, Etc.)

Owner(s)	Financial Institution / Type of Account	Account Number	Balance
TOTAL \$			_____

SCHEDULE B - Investments (Stocks, Bonds, Etc.)

Registered Owner(s)	Description / Type of Investment	No. of Shares	Price Per Share	Value
TOTAL \$				_____

SCHEDULE C - Life Insurance

A - B = C

Owner(s)	Company Name	Face Value	A) Cash Value	B) Loan(s)	C) Net Value
TOTAL \$					_____

SCHEDULE D - Other Assets (Personal Property, Vehicles, Etc.) *Enter Real Estate Under Schedule E*

Owner(s)	Financial Institution / Company	Description	Current Value
TOTAL \$			_____

PERSONAL FINANCIAL REVIEW
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 Use Separate Sheets If Necessary (All Calculations are Automatic)

PERSONAL LIABILITIES

SCHEDULE E - Real Estate								
Registered Owner(s)	Property Address	Mortgage Company	Year Purchased	Monthly Payment	Purchase Price	Market Value	Equity	Mortgage Balance
TOTAL \$ _____								

SCHEDULE F - Notes Payable (All Obligations to Third Parties: Installment, Charge Accounts, Etc.)								
Person(s) Liable	Type of Debt	Description	Interest Rate	Date Borrowed	# Of Pmts Remaining	Amount Borrowed	Monthly Payment	Amount Owed
TOTAL \$ _____								

SCHEDULE G - Other Liabilities								
Person(s) Liable	Type of Debt	Description	Interest Rate	Date Borrowed	# Of Pmts Remaining	Amount Borrowed	Monthly Payment	Amount Owed
TOTAL \$ _____								

Annual Income	Applicant	Spouse
Salary		
Bonuses & Commission		
Dividends & Interest		
Real Estate Income (Net)		
Other (Itemize)		
Other (Itemize)		
TOTAL INCOME: _____		

TOTAL ASSETS	\$ _____
TOTAL LIABILITIES	\$ _____
NET WORTH (Assets - Liabilities)	\$ _____

Contingent Liabilities	Amount
Are you an Endorser on any Notes? <input type="radio"/> Yes <input type="radio"/> No	
Are you a Defendant in any legal action? <input type="radio"/> Yes <input type="radio"/> No	
Are there any unsatisfied judgements against you? <input type="radio"/> Yes <input type="radio"/> No	
Have you ever been convicted of a felony? <input type="radio"/> Yes <input type="radio"/> No	
Have you ever filed bankruptcy? (Indicate below type and date filed)	
Other contingent liabilities (Detail below)	

FINANCING REQUEST
COMPLETE THE FOLLOWING IN DETAIL

AMOUNT REQUESTED:	PREFERRED REPAYMENT TERMS:
Proposed use of funds and description:	
Documents requested for financing consideration by SMAC includes, but is not limited to: 1) Company financials: Most recent year-to-date <u>and</u> previous year-ending Profit & Loss statements <u>and</u> Balance Sheets, 2) Company formation documents, 3) Company borrowing resolution, 4) Most recent personal tax return for each owner (for franchises in existence less than 12 months), and 5) Buy/Sell agreement for acquisitions.	
Comments and additional information regarding the financing request above:	

The information in this Application and other supporting documents (i.e. business and/or personal financial statements, individual tax returns etc.) is provided to assist The ServiceMaster Acceptance Company L.P. ("SMAC") in deciding whether to extend credit to the undersigned or to others upon the guarantee of the undersigned. The undersigned acknowledges and understands that SMAC relies on the information provided in deciding to grant, to continue credit, or to accept a guarantee thereof. Each of the undersigned represents, warrants, and certifies that the information provided is true, correct, and complete and agrees to notify SMAC immediately and in writing of any material change in: 1) any information provided, 2) the financial condition of any of the undersigned, or 3) the ability of any of the undersigned to perform their obligation to SMAC. SMAC may make all inquiries that it deems necessary to verify the accuracy of the information provided and to determine the credit-worthiness of the undersigned. SMAC may obtain and use consumer credit information in considering the undersigned's eligibility to obtain credit from SMAC and for informational purposes should the undersigned default on the terms of the credit if it is extended to the applicant. If approved for financing, the undersigned acknowledges that SMAC may file a Uniform Commercial Code Financing Statement (Form UCC-1) with the appropriate jurisdictions in which the undersigned's business operates to perfect a security interest in any collateral pledged. SMAC may require the spouse of the undersigned to execute any documents deemed necessary by SMAC. SMAC may require the undersigned to absorb the cost of any title, filing, credit search, or other miscellaneous charges related to this Application. This Application and any other information that the undersigned provides to SMAC shall be the property of SMAC. Thereafter, if credit is extended, in the event any payment on the loan becomes delinquent, SMAC, its agents, successors, and assigns may in addition to all their other rights and remedies, report the account information to any credit-reporting agency SMAC deems appropriate.

Privacy Statement: We collect and maintain your financial and other personal information in accordance with our privacy policy for the purposes set out and disclose your information only as so authorized and as permitted by law. Our complete privacy policy is available by calling 800-937-3939.

Certification: The undersigned acknowledges and certifies that if credit is extended to the undersigned or to others upon the guarantee of the undersigned by SMAC shall be solely for business purposes. The funds will not be used for personal or consumer purchases. Your signature grants permission for review of all provided information by the Loan Committee at The ServiceMaster Acceptance Company L.P. I/WE acknowledge that any intentional or negligent misrepresentation of any information contained in this Application may result in criminal penalties and/or civil liability, which may be available to SMAC, its agents, successors, and assigns who may suffer any loss due to reliance upon any misrepresentation, which I/WE have made on this Application. The undersigned acknowledges that they have read, understand, and agree to the terms stated above and consents SMAC to obtain credit reports for the purposes listed above.

Applicant Signature

Date

Spouse Signature

Date

SMAC Fill-in Form Instructions

Overview

The SMAC fill-in PDF form uses the features provided with Adobe Acrobat products. There are automatic calculations throughout the form; however, you are still responsible for entering correct and accurate information. Once you have completed the form you will need to print it to be able to sign the form before submitting.

Software Requirements

To view, complete and print the SMAC fill-in PDF form you will need the freely available Adobe Reader software installed on your computer. This fill-in form is enabled with "document rights" which will allow you to save what you have filled in on your PC. Version 6.05 or later of Adobe Reader is required. To download a free version of Adobe Reader go to the following link: <http://www.adobe.com/products/acrobat/readstep2.html>

Opening the Form

Your web browser may be configured with an Adobe Reader plug-in to allow you to open the file automatically within your browser's window upon download. To download the file directly to disk, right click on the form title link then select "Save Target/Link As..." from the menu. Use Adobe Reader to open the file. Fill-in forms with the ability to save locally will generate a dialog box when opened with Adobe Reader. If you are using Adobe Reader 6.05 or later, the dialog box will indicate that document rights have been applied to the PDF file and you can save the completed fill-in form. If you are using a version of Adobe Reader prior to Version 6.05, the dialog box will indicate that some features of the document will not operate and you will be prompted to obtain a newer version of Adobe Reader.

Completing the Form

When positioning the cursor on a fill-in area or element, the cursor will change appearance. The I-beam pointer allows you to type text. The hand pointer allows you to select a check box or radio button. Enter the appropriate data in each box or field. To move from one field to the next, press the Tab key. You can also use your cursor to move from field to field. Place your cursor in the field you want to fill in, then left-click.

Some fields limit the maximum number of characters you can enter and may automatically advance to the next field. For additional help with fill-in forms, see the Adobe Reader's online help information.

ONCE YOU HAVE COMPLETED THIS APPLICATION, CLICK THE BUTTON BELOW TO PRINT AND SIGN.