Franchise Application

U-Save Auto Rental reserves the right to approve or disapprove the Franchise Application, and Applicant shall not be deemed to have been granted a franchise to operate a U-Save Auto Rental location, and there shall be no binding obligations on either party unless and until both parties have executed a definitive Franchise Agreement.

Applicant represents and certifies that the enclosed information is true and correct and agrees to supply such additional information, documents, statements or data as may be requested by U-Save Auto Rental of America, Inc.

U-Save Auto Rental of America, Inc.
1052 Highland Colony Parkway, Suite 204
Ridgeland, MS 39157
Fax: 601.982.9850
Telephone: 800.438.2300 ext. 154

U-SAVE AUTO RENTAL OF AMERICA, INC.

FRANCHISE APPLICATION

PERSONAL INFORMATION

NAME (FIRST, MI, LAST)	HOME ADDRESS (No P.O. Box)
CITY, STATE, ZIP	HOME PHONE NUMBER
EMAIL ADDRESS	CELL/PAGER NUMBER

BIRTH DATE	SOCIAL SECURITY NUMBER	DRIVER'S LICENSE NUMBER

If the proposed franchise is to be jointly owned by spouse, please complete the following:

SPOUSE NAME (FIRST, MI, LAST) - COMPLETE IF JOINT APPLICATION

SPOUSE BIRTH DATE	SPOUSE SOCIAL SECURITY NUMBER	SPOUSE DRIVER'S LICENSE NUMBER

EMPLOYMENT INFORMATION

(We will not contact your current employer)

CURRENT EMPLOYER:

EMPLOYER ADDRESS:

PHONE:	EMAIL:	HOW LONG?
CITY:	STATE:	ZIP CODE:

POSITION:

DETAIL APPLICABLE RETAIL/BUSINESS EXPERIENCE:

MAY WE CONTACT YOU AT WORK? YES ◯ NO ◯ IF SO, AT WHAT NUMBER?

TERRITORY DESIRED

(Priority Listed)

CITY	COUNTY	STATE

CREDIT INFORMATION

NAME OF BANK OR FINANCIAL INSTITUTION		CONTACT PERSON
STREET ADDRESS	CITY, STATE, ZIP	PHONE NUMBER
CHECKING ACCOUNT NUMBER	SAVINGS ACCOUNT NUMBER	

BUSINESS ENTITY INFORMATION

IF AN EXISTING BUSINESS WILL BE USED TO QUALIFY AND GUARANTEE THE DEBT OF THE U-SAVE FRANCHISE, PLEASE COMPLETE THE FOLLOWING:

PLEASE INDICATE ONE OF THE FOLLOWING:

____ Sole Proprietorship ____ Partnership ____ Limited Partnership ____ LLC ____ Corporation

NAME OF BUSINESS ENTITY	FEDERAL TAX ID
STATE OR COUNTRY OF FORMATION	DATE OF LEGAL EXISTENCE

PRIMARY BUSINESS PERFORMED BY BUSINESS ENTITY

AMOUNT OF INITIAL WORKING CAPITAL AVAILABLE	TYPE OF INITIAL WORKING CAPITAL AVAILABLE
$_____	____ Personal ____ Existing Business Assets

BUSINESS ENTITY INFORMATION

(EACH PARTNER/OWNER IS REQUIRED TO EXECUTE A CREDIT APPLICATION, CONFIDENTIALITY AGREEMENT AND PERSONAL GUARANTEE AS PART OF THE FRANCHISE AGREEMENT

NAME OF EACH OWNER/PARTNER/AFFILIATE WHO WILL HOLD AN OWNERSHIP INTEREST:	PERCENT OF OWNERSHIP

By signing below, I warrant that all of the information submitted in connection with this Application, including any financial statements attached to this Application, are true and accurate as of the date below; and I agree to notify U-Save Auto Rental of any material change in my personal, business or financial status while the Application is pending. I understand that this Application does not constitute an offer by U-Save Auto Rental to sell a franchise and that this information is being provided to U-Save Auto Rental solely for the purpose of evaluating my personal, professional and financial qualifications. I consent to and acknowledge that U-Save Auto Rental may obtain additional background information relating to my personal and business records, including but not limited to my credit, tax, litigation, property, corporate, criminal and driving records. I consent to and acknowledge that all of the foregoing information may be used by U-Save Auto Rental or third parties to evaluate my qualifications for any lease finance programs made available through U-Save Auto Rental or such third parties.

SIGNATURE	DATE SIGNED
SPOUSE SIGNATURE	DATE SIGNED

FINANCIAL STATEMENT

Total Assets: $ _____

Breakdown of Assets:

Asset: _____ Value: _____

Asset: _____ Value: _____

Asset: _____ Value: _____

Asset: _____ Value: _____

Asset: _____ Value: _____

Total Liabilities: $ _____

Breakdown of Liabilities:

Liabilities: _____ Amount: _____

Liabilities: _____ Amount: _____

Liabilities: _____ Amount: _____

Liabilities: _____ Amount: _____

Liabilities: _____ Amount: _____

Net Worth: _____

What amount of money do you have available for initial investment? _____

Source of investment capital: _____

What amount of money do you have available for operating investment? _____

Source of operating capital: _____

Current Source of Income:

Total monthly gross income: $ _____

Source of income: _____ Amount: _____

Source of income: _____ Amount: _____

Source of income: _____ Amount: _____

Source of income: _____ Amount: _____

NOTICE: The Federal Equal Credit Opportunity Act prohibits franchisors from discriminating against applicants on the basis of race, color, religion, national origin, sex, marital status, age, or because an applicant receives income from a public assistance program. The undersigned hereby authorizes U-Save Auto Rental of America, Inc. to obtain and exchange credit data; warrants that all information contained in this application is true and accurate and agrees to notify U-Save of any material change in this information while the application is pending.

SIGNATURE: DATE SIGNED:

SPOUSE SIGNATURE (IF JOINT APPLICATION): DATE SIGNED:

The following representations are made pursuant to the USA Patriot Act. Each and every individual who will have an ownership interest in the franchise must complete a separate form.

PERSONAL IDENTIFICATION *(Non-citizenship will not be a bar to being awarded a franchise.)*

I AM:

_____ A citizen or national of the United States.
_____ An alien lawfully admitted for permanent residence (Alien Number A _____).
_____ An alien authorized by the Immigration and Naturalization Service to work in the United States (Alien Number A _____ or Admission Number _____, expiration of employment authorization, if any _____).
_____ I am a national of _____ (Country).
_____ I am a citizen of _____ (Country).

Please attach to this application a copy of at least one of the following documents:

_____ United States Passport
_____ Certificate of United States Citizenship
_____ Certificate of Naturalization
_____ Unexpired Foreign Passport
_____ Alien Registration Card with photograph
_____ State-issued driver's license or a state-issued I.D. card with a photograph, or information, including name, sex, date of birth, height, weight, and color of eyes
_____ Other government-issued identification (describe) _____

The Franchisor reserves the right to ask you to produce original and/or additional documentation verifying your identity.

_____ Signature/Date

_____ Print Name

CHECKLIST FOR APPLICANTS

The following items should be included with your completed and signed U-Save Auto Rental Franchise Application:

- Current Personal Financial Statement
- Most Current Two (2) Years' Personal Tax Returns
- Most Current Two (2) Months Personal Checking and Savings Account Statements
- Completed Applications for DSC, AFR, AFC, and Manheim (if applying for line of credit)
- Net Worth Supporting Documents, i.e., appraisals
- State-issued Drivers License, I.D., or any Government-Issued identification

If an existing business will be used to qualify and guarantee the debt of the U-Save franchise, the following items should also be included:

- Most Current Two (2) Years' Business Tax Returns
- Most Current Two (2) Months Business Checking and Savings Account Statements
- Current and Previous Year End Business Balance Sheets
- Current and Previous Year End P & L Statements
- Current Business Financial Statements

U-SAVE
AUTO RENTAL®

www.usave.com