



# VEHICLE TRACKING SOLUTIONS

CONFIDENTIAL FRANCHISE APPLICATION

VTS FRANCHISING, LLC  
 10 East 5<sup>th</sup> Street  
 Deer, Park, New York 11729  
 Tel: 631-586-7400  
 Fax: 866-873-0066  
[www.vtsn.com](http://www.vtsn.com)

Please complete and return this following report. All information will be held in strict confidence. **We will not contact your present employer.**  
**THIS IS NOT A CONTRACT AND DOES NOT INCUR AN OBLIGATION ON EITHER PARTY.**

**PERSONAL APPLICANT INFORMATION:**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 \_\_\_\_\_ (First) \_\_\_\_\_ (M.I.) \_\_\_\_\_ (Last)  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Own  Rent How long? \_\_\_\_\_

Telephone Numbers: Day (\_\_\_\_\_) \_\_\_\_\_ Evening  
 (\_\_\_\_\_) \_\_\_\_\_

Fax (\_\_\_\_\_) \_\_\_\_\_ Email  
 \_\_\_\_\_

Social Security Number \_\_\_\_\_

**EDUCATIONAL BACKGROUND:**

University or College(s) Attended \_\_\_\_\_

Type of Degree \_\_\_\_\_ Major \_\_\_\_\_ Year Graduated \_\_\_\_\_

**EMPLOYMENT:**

Your **Current** Employment \_\_\_\_\_ Type of Business \_\_\_\_\_

Title/Position \_\_\_\_\_ Length of Employment \_\_\_\_\_  
Salary \_\_\_\_\_

Your **Previous** Employment \_\_\_\_\_ Type of Business \_\_\_\_\_

Title/Position \_\_\_\_\_ Length of Employment \_\_\_\_\_  
Salary \_\_\_\_\_

Spouse's Current Employment \_\_\_\_\_ Type of Business \_\_\_\_\_

Title/Position \_\_\_\_\_ Length of Employment \_\_\_\_\_  
Salary \_\_\_\_\_

Have you ever owned or operated a business?  Yes  Full-time  Part-time  No  
If yes, explain \_\_\_\_\_

**GENERAL INFORMATION:**

In terms of purchasing a business I am  Mildly Interested  Very Interested  Ready To Purchase

Do you have any experience in  Advertising/Marketing  Public Relations  Sales  Management  Customer Service

Who will run your business?  Self  Spouse  Son/Daughter  Partner  Other \_\_\_\_\_

Name(s) of those checked above \_\_\_\_\_

Will you be running this business on a full-time basis?  Yes  No

How did you **first** become aware of our franchise?  Friend/Associate  Magazine Ad  Newspaper Ad  Web Site

Magazine/Newspaper  Existing Franchise  Mailer  Other \_\_\_\_\_

**STATEMENT of APPLICANTS FINANCIAL CONDITION:**

(Fill in all blanks, writing "NO" or "NONE" where necessary to complete information)

**ASSETS**

**LIABILITIES & NET WORTH**

Cash in Banks	\$		Notes Due Banks&Others	\$
Notes\$ Accts Rec.	\$		Charge Accounts	\$
Stocks&Bonds	\$		Taxes Payable	\$
Life Ins. Cash Value	\$		Auto Loans	\$
Total Current Assets	\$		Total Current Liabilities	\$
Automobiles	\$		Real Estate Mortgages	\$
Real Estate Owned	\$		Other Liabilities	\$
Other Assets	\$		Total Non-Current Liabilities	\$
			Total Liabilities	\$
IRAs	\$			
Total Non-Current Assets	\$		Net Worth	\$
Total Assets	\$		Total Liabilities & Net Worth	\$

Have you ever been convicted of a felony?  Yes  No

If yes, explain

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Have you ever filed bankruptcy?  Yes  No  
If yes, explain

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**FRANCHISE LOCATION:**

In what territory or area would you like to establish your VTS franchise? 1st Choice

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2nd Choice \_\_\_\_\_

When do you plan to open your VTS franchise? \_\_\_\_\_

Do you live in the territory above?

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Please use the space below to indicate your goals and objectives in establishing your business:

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Please describe skills and business experience:

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The undersigned authorizes VTS Franchising, LLC. to obtain credit information and authorizes the release of such information for the exclusive and confidential use of VTS Franchising, LLC.

Signature

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Date \_\_\_\_\_