

# CONFIDENTIAL FRANCHISE APPLICATION

*(This is not a contract)*

## PERSONAL

\_\_\_\_\_  
Last                      First                      Middle                      Date of Birth

\_\_\_\_\_  
Street Address                      City                      State                      Zip

Home Phone (\_\_\_\_)\_\_\_\_-\_\_\_\_\_

Office Phone (\_\_\_\_)\_\_\_\_-\_\_\_\_\_

Fax (\_\_\_\_)\_\_\_\_-\_\_\_\_\_

E-Mail: \_\_\_\_\_



**LEADERSHIP SYSTEMS, Ltd.™**

36280 NE Wilsonville Rd.  
Newberg, OR 97132  
tel. (503) 625-1867  
fax (503) 625-2699  
[www.turboleadershipsystems.com](http://www.turboleadershipsystems.com)

## EMPLOYMENT HISTORY

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Please attach resume

Does your professional background, education or experience involve any of the following?

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Training*           | <input type="checkbox"/> Personnel Management | <input type="checkbox"/> Marketing        |
| <input type="checkbox"/> Outside Sales       | <input type="checkbox"/> Advertising          | <input type="checkbox"/> Public Speaking* |
| <input type="checkbox"/> Process Improvement | <input type="checkbox"/> Human Resources      | <input type="checkbox"/> TQM              |

\*Please attach resume, press photograph, and biography to present yourself as a speaker.

Describe your speaking, training or consulting experience:

\_\_\_\_\_

\_\_\_\_\_

What qualities and experience do you possess that would help you be successful as a part of the Turbo Leadership Systems, Ltd.™ network?

\_\_\_\_\_

\_\_\_\_\_

## EDUCATION

Name of School	Degree	Major	Year Graduated
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High School: \_\_\_\_\_

Trade School: \_\_\_\_\_

College: \_\_\_\_\_

College: \_\_\_\_\_

Graduate School: \_\_\_\_\_

Personal Development & Continuing Education Programs: \_\_\_\_\_

\_\_\_\_\_

## PERSONAL REFERENCES

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Name: \_\_\_\_\_ Phone: (\_\_\_\_)\_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: (\_\_\_\_)\_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: (\_\_\_\_)\_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_

How did you hear about the Turbo Leadership Systems opportunity? \_\_\_\_\_

\_\_\_\_\_

When did you start looking for your own business? \_\_\_\_\_

\_\_\_\_\_

Names of civic, professional organizations and associations to which you or your spouse belong: \_\_\_\_\_

\_\_\_\_\_

**TERRITORY**

Please describe the territory you desire. (Specify by state, county and towns.) \_\_\_\_\_

Are you willing to relocate if your desired area is not available?  Yes  No

When do you want to start your Turbo Leadership System Training & Development operation? \_\_\_\_\_

**VALUES**

How is a Turbo Leadership Systems Leadership Training & Development business consistent with your goals, vision, and values? \_\_\_\_\_

What do you consider to be your most significant life success to date? \_\_\_\_\_

*The information on this page is highly restricted and will be held in the strictest confidence.*

**FINANCIAL STATEMENT as of \_\_\_\_\_**

**BALANCE SHEET**

<b>ASSETS</b>	<b>AMOUNT</b>	<b>LIABILITIES</b>	<b>AMOUNT</b>
Cash in Banks.....	\$ _____	Notes Payable to Bank.....	\$ _____
Real Estate.....	\$ _____	Real Estate (Amount Owed).....	\$ _____
Stocks and Bonds.....	\$ _____	Other Liabilities (Describe).....	\$ _____
Accounts Receivable.....	\$ _____		\$ _____
Auto(s) Year and Make .....	\$ _____		\$ _____
_____	\$ _____	Total Liabilities:	\$ _____
_____	\$ _____	<b>NET WORTH</b>	<b>AMOUNT</b>
Other Assets (Describe).....	\$ _____	(Total Assets minus	\$ _____
_____	\$ _____	Total Liabilities)	\$ _____
Total Assets:	\$ _____	Total of Liabilities & Net Worth	\$ _____
<b>ANNUAL INCOME</b>	<b>AMOUNT</b>	<b>ANNUAL EXPENSES</b>	<b>AMOUNT</b>
Salary or Wages.....	\$ _____	Property Taxes & Assessments	\$ _____
Dividends/Interest.....	\$ _____	Federal & State Income Taxes	\$ _____
Rentals (Gross).....	\$ _____	Real Estate Loan Payments	\$ _____
Business or Professional		Payments to Contractors or	
Income (Net).....	\$ _____	other Notes.....	\$ _____
Other Income (Describe)	\$ _____	Insurance Premiums	\$ _____
	\$ _____	Estimated Living Expenses	\$ _____
Total Income	\$ _____	Other Expenses (Describe).....	\$ _____
			\$ _____
		Total Expenditures:	\$ _____

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The Turbo Leadership Systems, Ltd.™ franchise fee is \$29,000.

How are you planning to finance your TLS business? \_\_\_\_\_

How much cash do you have available to start your business? \_\_\_\_\_

What was your net income last year? \_\_\_\_\_

What was your average net income for the past five years? \_\_\_\_\_

Have you filed bankruptcy or compromised a debt during the past seven years?  No  Yes

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I certify that all the information on this statement and on any attachments accurately represents my current and continuing financial condition. I authorize Turbo Leadership Systems Ltd.™ to verify any of the information from whatever source it deems appropriate. I make this statement to induce Turbo Leadership Systems Ltd.™ to grant me a franchise and acknowledge that Turbo Leadership Systems Ltd.™ will rely on the truthfulness and accuracy of this statement in granting a franchise. I understand that any misrepresentations in this statement may result in a denial of a Turbo Leadership Systems Ltd.™ franchise.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Spouse's Signature (if joint application)

\_\_\_\_\_  
Date

If you are applying as a corporation, please attach your latest annual balance sheet and profit and loss statement. Indicate whether or not it is audited. All shareholders of any corporate applicant must submit confidential applications for approval.

I certify that the statements made in and connected with this application are true and correct. I make these statements to induce Turbo Leadership Systems Ltd.™ to grant me a franchise.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title