



1874 N Young Circle • Hollywood, FL 33020 • 1.866.GO2.OXXO (1.866.462.6996)

CONFIDENTIAL FRANCHISE APPLICATION AND FINANCIAL QUESTIONNAIRE

PERSONAL INFORMATION

Date of Application _____

If you would like to be considered for an OXXO® Care Cleaners Franchise, a MUSA LLC brand, please complete this form. We will contact you as soon as we receive your information.

The completion of this report does not obligate you or MUSA LLC in any way.

Your Name _____

USA Citizen: yes no If no, what is your nationality? _____

SS# _____ Date of Birth _____

Marital Status Not Married Married Is your partner a
co-applicant? yes no If yes, provide information below.

Partner's Name: _____

SS# _____ Date of Birth _____

USA Citizen: yes no If no, what is your nationality?

Residence Address _____

City _____ State _____ Zip _____

Names / Ages Dependent Children _____

Home Phone _____ Work Phone _____



Cell Phone _____ Email Address _____

Do you own your own home? yes no If yes, what is the value? _____

How did you learn about OXXO®? (please be precise) _____

Are you or your partner currently self-employed? _____

CAREER INFORMATION AND HISTORY

Current Occupation _____

Current Place of Employment _____

Address: _____

Employer's Phone: _____ How long with company: _____

Position: _____

Annual Income? \$ _____ (include bonuses & commissions)

Partner's Annual Income? \$ _____

List your Career History for the last 10 years.

EMPLOYER AND LOCATION	DATES	POSITION/DUTIES	REASON FOR LEAVING

EDUCATIONAL AND MILITARY BACKGROUND

HIGH SCHOOL	NAME	LOCATION	DATES ATTENDED
	GRADE AVERAGE	HIGHEST LEVEL ACHIEVED	GRADUATED
COLLEGE/ VOCATIONAL SCHOOL	NAME	LOCATION	DATES ATTENDED
	GRADE AVERAGE	SUBJECTS STUDIED	DEGREE EARNED
GRADUATE SCHOOL	NAME	LOCATION	DATES ATTENDED
	GRADE AVERAGE	SUBJECTS STUDIED	DEGREE EARNED
MILITARY DUTY	COUNTRY AND BRANCH OF SERVICE		HIGHEST RANK ACHIEVED
	DATES OF SERVICE		DISCHARGE STATUS

MEDICAL HISTORY

Have you or your partner ever had any “serious” illness (hear, cancer, other) within the last ten (10) years?

yes no If yes, please describe...

Have you or your partner ever had any surgery or accidents within the last ten (10) years?

yes no If yes, please describe...

Have you or your partner been declined accident, life, or health insurance?

yes no If yes, please describe...

YOUR PERSONAL AND BUSINESS / CREDIT REFERENCES

PERSONAL REFERENCES

List 3 personal / character references (friends, neighbors, business colleagues) who have known you for at least 10 years.

Name _____ Occupation _____

Address _____ Telephone _____

City _____ State _____ Zip _____ Years Known? _____

Name _____ Occupation _____

Address _____ Telephone _____

City _____ State _____ Zip _____ Years Known? _____

Name _____ Occupation _____

Address _____ Telephone _____

City _____ State _____ Zip _____ Years Known? _____

BUSINESS / CREDIT REFERENCES

Name _____ Occupation _____

Address _____ Telephone _____

City _____ State _____ Zip _____ Years Known? _____

Name _____ Occupation _____

Address _____ Telephone _____

City _____ State _____ Zip _____ Years Known? _____

Name _____ Occupation _____

Address _____ Telephone _____

City _____ State _____ Zip _____ Years Known? _____

LEGAL HISTORY

Have you or your partner or an entity which you controlled or were an officer or director in during the last 15 years...

	SELF	PARTNER		
Declared personal bankruptcy?	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> yes	<input type="checkbox"/> no
Compromised a debt?	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> yes	<input type="checkbox"/> no
Have any unsatisfied judgements?	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> yes	<input type="checkbox"/> no
Subject to pending litigation?	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> yes	<input type="checkbox"/> no
Been convicted of a misdemeanor or felony, including serious traffic violations? (E.g., driving under the influence, reckless driving, etc.)	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> yes	<input type="checkbox"/> no
Been convicted of a felony?	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> yes	<input type="checkbox"/> no
Been arrested for a crime for which you are currently out on bail or on your own recognizance pending trial?	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> yes	<input type="checkbox"/> no
Plead Nolo Contendere to a felony?	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> yes	<input type="checkbox"/> no
Been found liable in any civil action?	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> yes	<input type="checkbox"/> no
Been charged with...				
Violation of any business law?	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> yes	<input type="checkbox"/> no
Any securities law violation?	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> yes	<input type="checkbox"/> no
Any franchise law violation?	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> yes	<input type="checkbox"/> no
Fraud?	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> yes	<input type="checkbox"/> no
Embezzlement?	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> yes	<input type="checkbox"/> no
Theft?	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> yes	<input type="checkbox"/> no
Unlawful restraint or trade?	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> yes	<input type="checkbox"/> no
Any unfair business practices?	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> yes	<input type="checkbox"/> no
Been subject to any injunction or restraint order concerning any business activities?	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> yes	<input type="checkbox"/> no
Are you, your partner, or any relative, related to any officer, director, or employee of any Dry Cleaning business?	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> yes	<input type="checkbox"/> no
If yes, please describe relationship, company, and position...				

Have you ever had a business failure? yes no yes no

If yes, please explain... _____



YOUR PLANS FOR THE OXXO® CARE CLEANERS FRANCHISE

Where are your top three geographic areas of interest? 1. _____
2. _____ 3. _____

How much do you have to invest in an OXXO® franchise?

How much do you plan to finance?

Where do you plan to obtain financing?

Will anyone be investing in the franchise with you? yes no

If yes, please have your investor complete an OXXO® Franchise Application.

If your franchise will be owned by a corporation, please attach a complete copy of the Corporate Charter and by-laws, as well as any shareholder agreements or partnership agreements, respectively. Also please provide the federal tax identification number.

If your application is accepted, how soon will you be able to visit our corporate offices in Hollywood, Florida?

Immediately Within thirty days

If your application is accepted, when can you be available to enter a franchise agreement and begin business?

3 months 6 months One year

If your application is accepted will you continue your current employment?

yes no If yes, for how long? _____

Would you like to open additional locations in your market area if your first franchise is successful? yes no

Will you devote full time to the franchise? yes no If no, explain...

CONFIDENTIAL PERSONAL FINANCIAL STATEMENT

ASSETS (IN DOLLARS)	LIABILITIES (IN \$\$)	MONTHLY PAYMENTS	BALANCE OWED
Cash on hand and in banks, unrestricted (Schedule E)	Notes payable to banks (Schedule E)		
Savings / Certificates of Deposit	Notes payable to banks (secured)		
U.S. Government & marketable securities (Schedule A)	Notes payable to banks (unsecured)		
Non-marketable securities (Schedule A)	Credit card balances (Schedule E)		
Home Market Value	Insurance Premiums		
Other real estate (market value) (Schedule B)	Real estate mortgages (Schedule E)		
IRA / 401k (Schedule E or A)	Loans against life insurance		
Cash surrender value of life insurance Not death benefit (Schedule C)	Accounts and bills payable		
Loans receivable	Unpaid taxes		
Autos, Trucks, Boats, RV (market value)	Unpaid interest		
Loans receivable	Brokers margin accounts		
Personal property	Autos, Trucks, Boats, RV loans		
OTHER ASSETS (PLEASE ITEMIZE)	OTHER LIABILITIES (PLEASE ITEMIZE)		
PLEASE ATTACH YOUR FEDERAL INCOME TAX RETURNS FOR THE LAST TWO YEARS	Total monthly payments		
	Total liabilities		
	Net Worth (assets - liabilities)		
TOTAL ASSETS	TOTAL LIABILITIES + NET WORTH		