



Request for Consideration

**SystemForward America, Inc.
Pop-A-Lock® Franchise System**

The purpose of this Request for Consideration is to give SystemForward America, Inc. (the "Company") general information that will allow us to evaluate your qualifications to be awarded a Pop-A-Lock® franchise. Completion of this questionnaire in no way obligates you or the Company. All information is being provided in strict confidence. Submission of this questionnaire will entitle you, if you qualify, to receive more information about the Company and the Pop-A-Lock® franchise.

This is not an application. Should you qualify and a mutual interest develops, we will request additional information.

This is not an offering. An offering can only be made by prospectus, which will be provided to you in a timely manner as required by applicable law.

One form should be completed by each prospective franchisee partner, if applicable.

PLEASE TYPE OR PRINT NEATLY.

PERSONAL

Last Name	First Name	Middle Name

Gender (Check one)		Date of Birth	
Male	<input type="checkbox"/>	Female	<input type="checkbox"/>

Marital Status (Check one)			
Single	<input type="checkbox"/>	Married	<input type="checkbox"/>
Divorced	<input type="checkbox"/>	Widowed	<input type="checkbox"/>
Spouse's Name			

Home Address		Years There
City	State	ZIP Code
Are you a United States Citizen?	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>
If "No", Citizen of _____		

Home Phone	Work/Business Phone	Other Phone (Specify)
What is the best time to reach you by telephone?		At which number?
E-mail Address		

EDUCATION

Highest Education Level Achieved (Check one)							
HS Graduate		Some College		College Graduate		Graduate/Professional School	
College/University			Major		Degree		

Professional Training and/or Certifications

BUSINESS EXPERIENCE

Current or Last Position			
Employer		Complete Address	
Title	Start Date	End Date	
Duties			
Prior Position			
Employer		Complete Address	
Title	Start Date	End Date	
Duties			

Prior Position			
Employer		Complete Address	
Title		Start Date	End Date
Duties			

Have you ever owned your own business? If yes, please describe.

--

Do you have any other business affiliations (officer, director, partner, etc.)? If yes, please explain.

--

LOCATION PREFERENCES

Indicate city and state.

1.		2.		3.	
Are you willing to relocate?				Yes	No

AVAILABILITY

When would you be available to start your own business? (Specify month & year.)

--	--

In starting your own business, would you . . . (Check one)

. . . Start as a manager/technician.			
. . . Act in a management and/or marketing capacity only.			
Do you plan to have a partner or partners?	Yes	No	
If yes, will the partner(s) be active?	Yes	No	
Will your spouse, if applicable, be involved in the business?	Yes	No	

BUSINESS GOALS

Why do you believe you can successfully operate a Pop-A-Lock® franchise?

--

How do you believe a Pop-A-Lock franchise will help you achieve your business and personal goals?
How did you learn of the Pop-A-Lock franchise opportunity? (Please be specific)

Please provide any other information you believe would assist us in evaluating your qualifications.

What is the annual net income that you expect to derive from a business of your own . . .	
. . . by the end of the first year?	\$
. . . by the end of the second year?	\$
. . . by the end of the fifth year?	\$

PRELIMINARY FINANCIAL DISCLOSURE

Annual Income from Present Occupation	\$
Spouse's Income (if applicable)	\$
Assets	\$
Liabilities	\$
Net Worth	\$
Unencumbered Liquid Assets Available	\$
Equity in Personal Residence	\$
Equity in Other Real Estate	\$
Cash Available for Investment	\$

FINANCING OPTIONS

Please contact:

Bob Eberle
 Business Development Manager
BeneTrends, Inc.
 1180 Welsh Road, Suite 280
 North Wales, PA 19454
 P: 866-423-6387 Ext. 123
 C: 267-222-2234
 F: 866-826-6701
beberle@benetrends.com
www.benetrends.com


Ask about debt free financing and wealth building strategies!

JUDICIAL INFORMATION

	Yes	No
Have you or your spouse ever been involved in a personal or business bankruptcy?	<input type="checkbox"/>	<input type="checkbox"/>
Have you or your spouse ever been convicted of a crime?	<input type="checkbox"/>	<input type="checkbox"/>
Are you or your spouse currently under any type of criminal investigation?	<input type="checkbox"/>	<input type="checkbox"/>
Are you or your spouse currently involved in any pending civil lawsuits?	<input type="checkbox"/>	<input type="checkbox"/>
Are you or your spouse subject to any civil judgments?	<input type="checkbox"/>	<input type="checkbox"/>
Please explain any affirmative answers to the previous five questions:		

CERTIFICATION

I am hereby submitting this questionnaire for consideration by SystemForward America, Incorporated (the "Company"). I understand that submission of this Request for Consideration in no way imposes any obligation on me. I also understand that the Company's acceptance of this Request creates no obligation for the Company. **This Request is being submitted in confidence to the Company**, and I understand that if I qualify, I will be entitled to receive additional information about the Pop-A-Lock® Franchise System. I hereby acknowledge that this is not an offering and that an offering can only be made by prospectus, which I will be entitled to receive on a timely basis as required by applicable law prior to entering into any binding agreement or the payment of any funds to the Company.

Signature	Date
	

To Submit by Mail Director of Franchise Development SystemForward America, Inc. 1018 Harding St. Suite 101 Lafayette, LA 70503	To Submit by Fax 337-233-6655 Attention: Franchise Development
If you have questions about this form or wish to speak to someone prior to submitting your questionnaire, call 337-233-6211.	

CONSENT FORM

I hereby authorize SystemForward America Inc. and B & B Reporting, Inc. to conduct an investigation of my background to include, but not limited to: References (past employment and/or character), education, criminal or police records, credit reports, driving records (including those maintained by both public and private organizations); all public records for the purpose of confirming the information contained on my Request for Consideration questionnaire and any criminal history record information pertaining to me which may be in the files of any state or local criminal justice agency.

I release SystemForward America, Inc. and B & B Reporting, Inc. and/or its agents, person or entities, which provide information pursuant to this authorization, from any and all liabilities, claims or lawsuits in regards to the information obtained from any and all referenced sources used.

NAME (PLEASE PRINT)

MAIDEN OR OTHER NAME

 SIGN HERE

SIGNATURE

DATE

List below all cities & states in which you have lived within the past 7 years:

The following information is used for identification purposes only, and is not in any way used to discriminate against race, color, religion, national origin, gender, age, or disability.

Date of Birth _____ Race _____

Social Security# _____ Sex _____

Drivers License # _____ State Issued _____