



Midas International Corporation/Midas Canada, Inc.  
1300 Arlington Heights Road Itasca, IL 60143-1274

# PERSONAL DATA SHEET/ CREDIT APPLICATION

FOR MIDAS FRANCHISE AND TRADEMARK AGREEMENT

Form M1445 REVISION 8/02

## SECTION A APPLICANT'S—PERSONAL INFORMATION

Applicant's Name		Home Telephone Number	
Street Address	City	State/Province	Zip Code/Postal Code

### Applicant Contact Information *Please provide information we can use to contact you (please note any preferences).*

Daytime Telephone Number	Evening Telephone Number	Cell Phone Number	Email Address
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*Please note that each joint applicant for a Midas Franchise must complete a separate Personal Data Sheet/Credit Application.*

### EMPLOYMENT HISTORY *Please provide accurate, complete information about your employment history for at least the past five years. If additional space is needed please continue on a separate sheet. Begin with present or most recent employment.*

Present or Last Employer	Telephone Number
Address	Employed (Month and Year) From _____ To _____
Name of Supervisor	May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Applicant's Job Title and Area of Responsibilities	
Reason for Leaving	

### EDUCATION HISTORY

Last School Attended	Course of Study	Number of Years Completed	Highest Degree Earned
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### PERSONAL REFERENCES *Do not list employers, employees, or relatives.*

1. Name	Address	Telephone Number	Occupation	Years Known
2. Name	Address	Telephone Number	Occupation	Years Known
3. Name	Address	Telephone Number	Occupation	Years Known

### BUSINESS OWNERSHIP HISTORY *If you presently own or have owned a business, please complete the following.*

Legal Name of the Business	Type of Business	Dates of Ownership (Month and Year) From _____ To _____	
Address	Telephone Number	Fax Number	

<b>Business Trade References</b>				
Name	Address	Telephone Number	Contact Name	Customer Account Number
Name	Address	Telephone Number	Contact Name	Customer Account Number

<b>Business Bank References</b>				
Name	Address	Telephone Number	Contact Name	Customer Account Number
Name	Address	Telephone Number	Contact Name	Customer Account Number

Do you have any convictions, except traffic violations?  Yes  No

Have you ever filed for bankruptcy?  Yes  No

Do you have any unsatisfied or outstanding judgments against you at present or have you had any judgments against you in the past?  Yes  No

*If the answer to any of the above questions is yes, please attach a detailed explanation of when, where, nature, and the outcome of the situation.*

Have you ever been bonded or applied for a bond?  Yes  No

If yes, by whom? \_\_\_\_\_

Has your bond been withdrawn or your application rejected?  Yes  No

If yes, give particulars: \_\_\_\_\_

Are you current in your (and your business) tax obligations?  Yes  No

If no, please explain: \_\_\_\_\_

Were you (or your business) ever subject to a tax lien?  Yes  No

If yes, please explain: \_\_\_\_\_

How much money are you prepared to invest in a Midas Franchise? \$ \_\_\_\_\_

Source of Investment Funds: \_\_\_\_\_

Will any part of your investment be borrowed?  Yes  No \$ \_\_\_\_\_

If yes, set forth from whom borrowed, terms, conditions and restrictions: \_\_\_\_\_

Will proposed Midas Franchisee be a—  Corporation  Limited Liability Company  Partnership  Sole Proprietorship

**If a financial investment will be made in proposed Midas Franchise by another (or others), please attach separate Personal Data Sheet (PDS) for each Partner/Investor.**

Partner/Investor Name \_\_\_\_\_

Percentage of Proposed Ownership \_\_\_\_\_% Proposed Dollar Amount of Investment \$ \_\_\_\_\_

**SECTION B**

**APPLICANT'S—FINANCIAL STATEMENT**

The following statement of financial condition as of \_\_\_\_\_, \_\_\_\_\_ is submitted for the purpose of procuring, establishing and maintaining credit with you. The undersigned warrant(s) that this financial statement is true and correct and that you may consider this statement as continuing to be true and correct until a written notice of change is given to you by the undersigned. Additional information may be attached, but may not be used in lieu of completing this section. **ROUND AMOUNTS TO THE NEAREST HUNDRED, WRITE "NO" OR "NONE" WHERE NECESSARY TO COMPLETE INFORMATION**

**PRESENT ANNUAL INCOME:** Amount \$ \_\_\_\_\_ Source \_\_\_\_\_

<b>ASSETS ①</b>	<b>AMOUNT</b>
CASH AND CASH ACCOUNTS <i>(Schedule A)</i>	
GOV'T AND LISTED SECURITIES <i>(Schedule B)</i>	
BUSINESS EQUITY ②	
UNLISTED SECURITIES <i>(Schedule B)</i>	
ACCOUNTS AND NOTES RECEIVABLE ③	
CASH VALUE (NOT "FACE VALUE") OF LIFE INSURANCE <i>(Schedule C)</i>	
REAL ESTATE OWNED <i>(Schedule D)</i>	
VESTED INTEREST IN DEFERRED COMPENSATION PLANS AND/OR RETIREMENT PLANS, RRSPs or RPPs <i>(Schedule E)</i>	
AUTOMOBILE(S)	
OTHER PERSONAL PROPERTY	
OTHER ASSETS ③	
<b>TOTAL ASSETS</b>	<b>\$</b>

<b>LIABILITIES</b>	<b>AMOUNT</b>
NOTES PAYABLE—BANKS SECURED <i>(Schedule F)</i>	
NOTES PAYABLE—BANKS UNSECURED <i>(Schedule F)</i>	
NOTES PAYABLE OTHERS <i>(Schedule F)</i>	
LIFE INSURANCE LOANS ③	
ACCOUNTS PAYABLE ③	
REAL ESTATE MORTGAGES PAYABLE <i>(Schedule D)</i>	
REAL ESTATE TAX	
UNPAID INCOME TAXES	
CREDIT CARDS	
OTHER DEBTS ③	
<b>TOTAL LIABILITIES</b>	<b>\$</b>
<b>NET WORTH</b> <i>(total assets minus total liabilities)</i>	<b>\$</b>

- ① If any asset is owned other than by the undersigned, individually, such as in a trust, joint tenancy or nominee name, indicate this in the appropriate schedule or attach a detailed explanation.
- ② Attach a current balance sheet and profit and loss statement of the business.
- ③ Attach detailed explanation.



THE UNDERSIGNED ACKNOWLEDGES AND AGREES:

1. This personal and financial statement form has been supplied to the undersigned as a convenience and that Midas International Corporation, Midas Canada, Inc. or their subsidiaries ("Midas") shall not incur any obligation or liability by receipt of the completed form.
2. No other person than the Chairman, President or Senior Vice President of Midas has the authority to approve the undersigned for a Midas Franchise and Trademark Agreement.
3. Any material misrepresentation, whether intentional or unintentional, in information supplied by the applicant in this form shall be grounds upon which Midas may immediately terminate any agreements executed by the undersigned and Midas.
4. Your file will be kept at the Midas offices at 1300 Arlington Heights Road, Itasca, IL 60143, USA and you may, upon demand and free of charge, examine your file and cause the rectification of your file. Access to the information contained in this form will be made available to the Midas Development and Franchise Operations Staff, the Midas Credit Department, and Midas Senior Management.
5. Midas is authorized to disclose to third parties the information contained in this form for all purposes related to the approval of a Midas Franchise and Trademark Agreement.

▶ *If you are a Canadian applicant, please initial here to show your express consent to this disclosure.* \_\_\_\_\_

**AUTHORIZATION TO RELEASE FINANCIAL INFORMATION**

I, the undersigned applicant for a Midas Franchise and Trademark Agreement ("Franchise Agreement") authorize with full knowledge and consent

1. Midas and its designated credit agencies and/or representatives to communicate directly with any financial institution, lender or other party providing financing, or maintaining possession, custody or control of assets and/or accounts which are or may be used as collateral or otherwise, in my purchasing a Midas Shop; and
2. any financial institution, lender or other party to release to Midas and to Midas' designated credit agencies and/or representatives, information concerning the status, amounts, values, financial history and other aspects of any accounts, collateral, debts and/or loans I have or have had in connection with the purchase by me of a Midas Shop.

**For U.S. applicants, FAIR CREDIT REPORTING ACT NOTICE**

The following disclosures are being made pursuant to the requirements of the FAIR CREDIT REPORTING ACT:

An investigative consumer report may be made in connection with my application for a Franchise Agreement, which report may include information as to my character, general reputation, personal characteristics and mode of living obtained from or through personal interviews with persons with whom I am acquainted, or who may have knowledge concerning any such items of information.

In the event such an investigative consumer report is procured, upon my written request to Midas received within a reasonable period of time from date hereof, I will be provided a complete and accurate disclosure of the nature and scope of the investigation requested.

Receipt of an exact copy of the above Notice is hereby acknowledged.

***For Canadian applicants, a similar report may be made concerning the information necessary for the approval of a Midas Franchise and Trademark Agreement, which you hereby authorize with full knowledge and consent.***

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_  
(please print)

Social Security No./Social Insurance No.: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ Years at This Address: \_\_\_\_\_

**Preferred Location:** \_\_\_\_\_