



BIOGRAPHICAL PROFILE

PERSONAL INFORMATION

Please provide us with the requested information and attach any additional information, such as a resume, financial statements, or letters of recommendation that may assist us in evaluating your request for a MosquitoNix franchise opportunity.

Name _____ Date ____/____/____ Social Security # _____

Address _____ City _____ State _____ Zip _____

No Yrs _____ Email _____ Telephone (____) _____ (____) _____ (____) _____
 Daytime Evening Mobile

Fax _____ Pager _____ DOB _____ Drivers License Number _____

Spouses Name _____ US Citizen _____ Education (Years Complete) _____ Degree _____

How did you hear about MosquitoNix? _____

Why do you want to own a MosquitoNix franchise? _____

Do you have a specific market or geographic location in mind for your franchise? _____

Have you ever been or are you now involved in any legal action, bankruptcy, litigation, etc? Yes _____ No _____ If yes please explain _____

BUSINESS EXPERIENCE

Current Employer _____ No. Years _____ Title _____

| Previous Employment | Employer | Title | Annual Income |
|---------------------|----------|-------|---------------|
| _____ to _____ | _____ | _____ | _____ |
| _____ to _____ | _____ | _____ | _____ |
| _____ to _____ | _____ | _____ | _____ |
| _____ to _____ | _____ | _____ | _____ |

REFERENCES

Please provide at least three references

| Name | Address | Phone | Years Known |
|-------|---------|-------|-------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

FINANCIAL INFORMATION**ASSETS**

Salary.....\$ _____
Securities.....\$ _____
Receivables, Notes.....\$ _____
Automobiles.....\$ _____
Personal Property, Furniture.....\$ _____
Real Estate.....\$ _____
Life Insurance.....\$ _____
Other Assets (Describe).....\$ _____

Total Assets.....\$ _____

LIABILITIES

Notes Payable \$.....\$ _____
Real Estate Mortgage (s).....\$ _____
Accounts Payable/ Notes.....\$ _____
Due on Automobiles.....\$ _____
Other Debts, Obligations.....\$ _____
List.....\$ _____
.....\$ _____
.....\$ _____
.....\$ _____
Total Liabilities.....\$ _____

Total Net Worth.....\$ _____

ANNUAL SOURCES OF INCOME

Salary.....\$ _____
Dividends.....\$ _____
Business, Personal Loans.....\$ _____
Other Sources of Income.....\$ _____
.....\$ _____

Bonus and Commissions.....\$ _____
Real Estate Income.....\$ _____
Cash on Hand.....\$ _____
Total Annual Income.....\$ _____

Total Liquid Funds Available...\$ _____

Cash Accounts

| Bank Name | Phone | Contact | Type Account | Acct # | Balance |
|-----------|-------|---------|--------------|--------|---------|
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |

Real Estate Holdings

| Location/ Description | Market Value | Income/ (Payment) | Purchase Price | Balance |
|-----------------------|--------------|-------------------|----------------|---------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

Life Insurance

| Company | Policy Number | Face Amount | Cash Value | Loan if any |
|---------|---------------|-------------|------------|-------------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

Securities/ Investments

| Type | Market Value | Face Value | Number of Shares | Fund Manager/ Broker |
|-------|--------------|------------|------------------|----------------------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

Notes Payable/ Loans

| Payable to | Loan Number | Loan Amount | Present Balance | Maturity Date | Secured/ Unsecured |
|------------|-------------|-------------|-----------------|---------------|--------------------|
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |

I, the undersigned, verify that the above information is true and correct. I understand that this information is confidential and will be used solely for the purpose of evaluating my credit worthiness and candidacy as a MosquitoNix franchise owner. I authorize MosquitoNix to contact my creditors and references and I hold MosquitoNix Franchise Systems, Ltd., its affiliates, officers, directors, agents and employees harmless for any damages and/ or claims resulting from their efforts to do so.

Signature _____ Date ____/____/____

Please complete this profile and fax it to 972-392-0224. Mail hard copy to MosquitoNix Franchise Systems, Ltd at 14288 Gillis Road, Dallas, Tx. 75244