



FRANCHISE APPLICANT BIOGRAPHY

NAME (LAST, FIRST, MIDDLE)

SOCIAL SECURITY #/NATIONAL I.D. #

DATE OF BIRTH (MONTH, DAY, YEAR)

OTHER NAMES KNOWN BY

SPOUSE'S NAME (LAST, FIRST, MIDDLE)

SOCIAL SECURITY #/NATIONAL I.D. #

DATE OF BIRTH (MONTH, DAY, YEAR)

ADDRESS INFORMATION

PRESENT ADDRESS

CITY

STATE/PROVINCE

COUNTRY

POSTAL CODE

HOW LONG AT THIS ADDRESS?

PREVIOUS ADDRESS

CITY

STATE/PROVINCE

COUNTRY

POSTAL CODE

HOW LONG AT THIS ADDRESS?

HOME PHONE

FAX NUMBER

MOBILE PHONE

E-MAIL ADDRESS

EDUCATION

SCHOOL ATTENDED

YEARS

GRADE OR DEGREE ATTAINED

SCHOOL ATTENDED

YEARS

GRADE OR DEGREE ATTAINED

SCHOOL ATTENDED

YEARS

GRADE OR DEGREE ATTAINED

LEGAL INFORMATION

CITIZENSHIP (COUNTRY)

HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES/NO

IF YES, EXPLAIN _____

HAVE YOU BEEN INVOLVED IN ANY LITIGATION PROCEEDINGS WITHIN THE LAST FIVE YEARS? YES/NO

IF YES, EXPLAIN _____

EMPLOYMENT/BUSINESS HISTORY

ARE YOU SELF-EMPLOYED? YES/NO IF YES, NAME OF COMPANY _____

POSITION/TITLE

EMPLOYER ADDRESS

CITY STATE/PROVINCE COUNTRY POSTAL CODE

PHONE NUMBER NATURE OF BUSINESS YEARS EMPLOYED

MAY WE CONTACT THIS EMPLOYER? YES/NO

PREVIOUSLY EMPLOYED BY

PREVIOUS EMPLOYER ADDRESS

CITY STATE/PROVINCE COUNTRY POSTAL CODE

PHONE NUMBER NATURE OF BUSINESS YEARS EMPLOYED

POSITION/TITLE MAY WE CONTACT THIS EMPLOYER? YES/NO

REFERENCES

NAME PHONE NUMBER YEARS KNOWN

BUSINESS GOAL INFORMATION

HOW DID YOU HEAR ABOUT QUIZNOS FRANCHISES? _____

HAVE YOU VISITED A QUIZNOS RESTAURANT? YES/NO

IF SO, WHERE? _____

IN WHAT COUNTRY ARE YOU MOST INTERESTED IN BECOMING A QUIZNOS MASTER FRANCHISEE? _____

WHAT ARE YOU SEEKING IN A BUSINESS OPPORTUNITY WITH QUIZNOS CORPORATION? _____

HOW MUCH MONEY DO YOU ANTICIPATE INVESTING IN QUIZNOS? _____

WILL ANYONE BE INVESTING IN THE FRANCHISE WITH YOU? YES/NO

PLEASE LIST THE NAME OF POTENTIAL PARTNERS _____

WILL YOU BE DIRECTLY INVOLVED IIN THE HANDS ON DIALY OPERATIONS OF THE QUIZNOS FRANCHISE? YES/NO

IF YES, TO WHAT EXTENT? _____

WHEN ARE YOU READY TO BEGIN YOUR RELATIONSHIP WITH QUIZNOS? _____

GIVEN YOUR BUSINESS EXPERIENCE, PLEASE EXPLAIN WHY YOU ARE CONFIEDNT THAT YOU COULD BE SUCCESSFUL AS A QUIZNOS MASTER FRANCHISEE? _____

FINANCIAL INFORMATION

NET WORTH _____ DATE _____

YOUR TOTAL LIABILITIES _____

AMOUNT OF CASH AVILABLE TO INVEST _____

I HAVE LIQUID ASSETS IN THE AMOUNT OF: _____

I HAVE ENOUGH BORROWING POWER/ACCESS TO: _____

ANNUAL INCOME AT PRESENT OCCUPATION _____

OTHER ANNUAL INCOME _____

ANNUAL INCOME EXPLANATION _____

PLEASE LIST ALL PERSONAL BANKS

NAME	BRANCH	ADDRESS	CITY AND STATE
------	--------	---------	----------------

NAME	BRANCH	ADDRESS	CITY AND STATE
------	--------	---------	----------------

NAME	BRANCH	ADDRESS	CITY AND STATE
------	--------	---------	----------------

WOULD THIS BUSINESS BE YOUR SOLE SOURCE OF INCOME? YES/NO

DO YOU OWN YOUR HOME OR RENT? _____

IF OWN, CURRENT VALUE _____ MORTGAGE PAYMENT _____

ESTIMATED MINIMUM INCOME REQUIRED FOR YOUR CURRENT LIVING EXPENSES _____

I understand that the acceptance of this Franchise Application by Quiznos Franchising LLC or any of its affiliates (collectively "Quiznos") does not constitute the grant of a franchise. I understand that Quiznos grants master franchises only by executing written franchise agreements. By signing below, I authorize Quiznos and it assigns to start an investigative consumer report (including information as to my character, general reputation, person characteristics and mode of living) and credit investigation based on the information voluntarily provided by me and warrant that all information provided is true and accurate. I understand that I have a right to request that Quiznos make a complete and accurate disclosure of the nature and scope of such investigation. Quiznos may obtain my credit report in connection with this application. This is my authorization to credit reporting agencies, bank(s), creditors and suppliers to release to Quiznos, and to Quiznos to release to such parties, all information requested regarding my depository, loan or other credit information including, without limitation, financial information, by telephone or in writing as part of the normal credit evaluation process. I release my banks(s), creditors, suppliers and Quiznos from all liability with respect to the release of any such requested information. Authorization is granted to use photo or fax copies of my signature to obtain information. If I am requesting that Quiznos make a credit determination based on my credit worthiness combined with any co-applicants, I authorize Quiznos to discuss any derogatory credit items with such co-applicants. I understand that Quiznos may, at any time, require that I sign an updated application or provide updated information. I understand that an executive of my company or myself will have to successfully complete the Quiznos franchise training program before I will be allowed to open The Pilot Store for business

SIGNATURE

DATE

Return this application to: The Quiznos Master LLC, 1475 Lawrence St Ste 400; Denver, CO 80202; Attn: International Franchise Development Department; (720) 359-3300; Fax: (720) 596-5115.