



# Application for Additional Information

## Your Personal Information

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Where did you hear about a Trojan Labor or AcruX Staffing Franchises?

First Name :  Last Name:  Middle Initial:

Citizen of :

Date of Birth:

Tax ID/Social Security Number:

Gender?  Male  Female Other names known by:

Are you a legal age in you State/Province/Residence Area?  Yes  No

Have you ever been convicted of a felony?  Yes  No

Have you been involved in any litigation proceeding within the last 5 years?  Yes  No

Telephone: (Home)  (Fax)  (Mobile)

Resident Address:

Suite/Apt #:

City:  State/Province:

Zip/Postal Code:  Country:

Email Address:

## Spouse Personal Information (Skip this section if single)

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First Name:  Last Name:  Middle Initial:

Citizen of:  Gender?  Male  Female

Date of Birth:  Tax ID/Social Security Number:

Are you of legal age in your State/Province/Residence Area?  Yes  No

Have you ever been convicted of a felony?  Yes  No

Have you been involved in any litigation proceeding within the last 5 years?  Yes  No

## Educational Background

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Highest Education Achieved?

Schools Attended	Years	Grade or Degree Attained
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Current Business Information (Complete All Questions)**

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Self Employed?  Yes  No      Employed By?

No. Years       Nature of Business

Title

Describe Position

Street Address/PO

Suite/Apartment #

City       State/Province

Zip/Postal Code       County

Telephone

What is your level of business experience?

May we contact your work?  Yes  No

**Financial Information (Please list figures in US dollars)**

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Income from current occupation  /Year

Income from other sources  /Year

Please explain other income

Personal Banks	Branch	Address
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Individual Liquid Assets (cash, stocks, etc)

Individual Fixed Assets (home, car, etc)

Individual Total Assets

Individual Liabilities (mortgages, loans, etc)

**Your Individual Total Net Worth**   
(excluding any financing listed below)

Would this business be your sole income source?  Yes  No

Is there other financing not included in above?  Yes  No

If yes, how much financing is available?

**References (excluding relatives)**

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Name	Address	Telephone
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Partners**

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Will you have partner (s)?  Yes  No

**Franchise Operations**

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If qualified, when will you invest in a franchise?

How involved will you be in operating the franchise?

Preferred geographic franchise area  
1st pref

2nd pref

Estimated training date should you choose to invest:

**Disclaimer**

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NOTICE REGARDING STATE FRANCHISE REGISTRATION LAWS: Completeing these forms should not be construed as an offer to sell "Trojan Labor" or "Acrux" franchise to residents of any jurisdiction which requires registration of the franchise before it is offered or sold in that jurisdiction. Nor does the filling of this form obligate the applicatnt to purchase a franchise. No "Trojan Labor" or "Acrux" franchises will be offered or sold to any resident of any such jurisdiction until either the franchise has been exempted from registration or duly registered and declared effective in the jurisdiction, and an Offering Circular has been delivered to the prospective franchisee before the sale in compliance with applicable law.

I have read the above disclaimer

Signature \_\_\_\_\_

Date