

APPLICATION

Nuvo Cleaners

Each owner, partner, member, and/or shareholder associated must complete an Application.

CONTACT INFORMATION

FIRST NAME	MIDDLE NAME	LAST NAME
STREET ADDRESS		CITY
STATE		ZIP CODE
SOCIAL SECURITY NUMBER		DATE OF BIRTH
HOME PHONE	MOBILE PHONE	WORK PHONE
ARE YOU MARRIED?	<input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, SPOUSE'S NAME
WILL YOU HAVE A PARTNER/CO-OWNER?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NOT SURE	
IF YES, PARTNER'S NAME(S)		

EMPLOYMENT

ARE YOU: SELF-EMPLOYED EMPLOYED UNEMPLOYED RETIRED

IF EMPLOYED,

NAME OF COMPANY/EMPLOYER	POSITION	TYPE OF BUSINESS	LENGTH OF EMPLOYMENT
			YRS <input type="text"/> MTHS <input type="text"/>

FINANCIAL INFORMATION

TOTAL LIQUID ASSETS AVAILABLE (e.g. cash, stocks, bonds, mutual funds)	A	
TOTAL TANGIBLE ASSETS (e.g. house, car, business, etc)	B	
TOTAL ASSETS (Add A to B)	C	
TOTAL LIABILITIES (e.g. mortgages, vehicle loans, credit card, etc.)	D	
TOTAL NET WORTH (TOTAL ASSETS minus TOTAL LIABILITIES) (\$125,000 minimum net worth required for each unit)	E	

PERSONAL INFORMATION

1. Have you ever filed for bankruptcy protection? YES NO **If yes, give discharge date**

2. Are you or anyone in your immediate family, partner or owner (partial or otherwise) of a retail store? YES NO

If yes, list name of business and family relationship:

OTHER INFORMATION

1. Are you a U.S Citizen? YES NO

If no, what country?

2. I have enough income to maintain my current lifestyle without using the funds allocated for Nuvo Cleaners working capital YES NO

Signature

I understand that the acceptance of this Application by Astro Distributing & Leasing, Inc. dba Nuvo Cleaners (from herein known as Nuvo Cleaners) does not constitute a contract for a Nuvo Cleaners location. By signing below, I authorize Nuvo Cleaners or its authorized agents to check my credit history based on the information voluntarily provided by me and warrant that all information provided is true and accurate. Nuvo Cleaners 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 Nuvo Cleaners and to Nuvo Cleaners 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 bank(s), creditors, suppliers and Nuvo Cleaners 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 Nuvo Cleaners make a credit determination based on my creditworthiness combined with any co-applicants, I authorize Nuvo Cleaners to discuss any derogatory credit items with such co-applicants. I understand that Nuvo Cleaners may, at any time, require that I sign an updated application or provide updated information. I acknowledge that I have read, and hereby agree to be bound by the Confidentiality and Non-Disclosure provisions which appear on the reverse side of this application.

Date

Signature

Print Full Name