



Thank you for your interest in the CB Tax Franchise Systems, LP (“Colbert/Ball Tax Service”) system. The following will outline the process and steps that are required to be considered for a Colbert/Ball Tax Service Franchise:

1. Complete the following Request For Consideration form and Territory Request form and return to Colbert/Ball Tax Service by mail – Colbert/Ball Tax Service, 2616 South Loop West, Suite 405, Houston, Texas 77054, Attention: Franchise Sales, or fax – 713-660-6301.
2. A separate Request For Consideration form should be completed by each applicant.
3. Upon receipt, we will review and evaluate your application and, if approved, provide you a Franchise Disclosure Document (FDD).
4. We may provide you with a FDD in hard copy or electronic format. If the FDD is furnished electronically, it will be provided in a Portable Document Format (PDF) file. You must use the Adobe Acrobat program in order to open and view this type of electronic file.
5. Upon receipt of the FDD, please complete and sign the final two pages of the document entitled “Receipt.” Once completed and signed, return one copy to the address indicated above.
6. It is recommended that you review the Colbert/Ball Tax Service FDD with your attorney and business advisors.

Under no circumstances does the submittal of your application to Colbert/Ball Tax Service or its subsequent review and processing imply, in any manner, our intention to offer you a Franchise. You are not accepted as a Colbert/Ball Tax Service Franchisee unless and until you and Colbert/Ball Tax Service execute a Franchise Agreement.

Colbert/Ball Tax Service does not guarantee the financial performance of any Franchisee or business. The decision to become a Colbert/Ball Tax Service Franchisee and to open a Colbert/Ball Tax Service must be based upon your independent research and analysis.



## REQUEST FOR FRANCHISE CONSIDERATION

### PERSONAL INFORMATION

Last Name		First Name		<input type="checkbox"/> Male <input type="checkbox"/> Female		U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Home Street Address				How many years at this address?		<input type="checkbox"/> Rent <input type="checkbox"/> Own	
City, State, Zip			Social Security No.		Birth Date		
Home Phone:	Cell Phone:	Work Phone:		Email Address:			
Marital Status	Spouse's Name		Will your spouse be active in the franchise? <input type="checkbox"/> Yes <input type="checkbox"/> No				

### FRANCHISE FOCUS

How many locations are you interested in?
Location(s) target(s)?
When would you be ready to start?
What makes you successful as a franchisee?
Please explain your understanding of franchising
Detail your greatest accomplishment to date

### BUSINESS AND MANAGEMENT EXPERIENCE & GOALS

Present Employer		Title/position		Dates employed	
Do you plan to devote time to this business venture? <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, who will manage it?	Do you plan to have business partners? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, below identify all partners, and their ownership interests	
Partner 1 Name		Phone number	email address		Percent Interest _____%
Partner 2 Name		Phone number	email address		Percent Interest _____%





## TERRITORY REQUEST

APPLICANT: \_\_\_\_\_

LOCATION ADDRESS: \_\_\_\_\_

CITY, STATE & Zip: \_\_\_\_\_

COMMENTS:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Applicant's Signature Date

\_\_\_\_\_  
Sales Person Date

\_\_\_\_\_  
Colbert/Ball Authorized Representative Date

**Under no circumstances does the submittal of your franchise application or territory request to Colbert Ball Tax Service or its subsequent review and processing imply, in any manner, our intention to offer you a Franchise or a specific territory. You are not accepted as a Colbert Ball Tax Service Franchisee, nor will a territory be granted, unless and until you and Colbert Ball Tax Service sign a Franchise Agreement.”**