

# FRANCHISE ACCREDITATION APPLICATION



**silverchef**  
hospitality equipment funding  
**Rent. Try. Buy.®**

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ABN: 33 112 241 522

## Franchisor Details

Reg. Co. Name:

Pty Ltd  Limited  Sole Trader  Trust  Other

Trading Name:

ABN:

ACN:

Head Office Address:

City:

State:

Postcode:

Postal Address:

City:

State:

Postcode:

Primary Contact:

Position:

Telephone:

Facsimile:

Mobile:

Email:

Secondary Contact:

Position:

Telephone:

Facsimile:

Mobile:

Email:

## Details of Directors

Please list details of all Directors involved in the franchise.

Director:  DOB:

Director:  DOB:

Director:  DOB:

Director:  DOB:

Director:  DOB:

## Franchise History

Year Business Founded:  Year Commenced Franchising:

Current Total Number of Stores:

Number of Franchised Stores:  Number of Company Stores:

Does your franchise currently have accreditation with any other financial institutions?  Yes  No

If yes, who is this with, and what LVR do they offer?

Institution:  LVR:  %

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## Future Store Growth

What is the total number of stores/units you are projecting to have in:

12 months:

24 months:

## Store Set Up Information

Total Turnkey Cost Range: \$

Franchise Fee: \$

Avg. Fitout Cost: \$

Avg. Equipment Cost: \$

## Miscellaneous

Are you currently a member of the FCA?  Yes  No

Do you have a formal franchisee recruitment process in place that assesses the potential franchisee's ability to fund the franchise purchase and service any debt if required? If yes, please briefly explain your recruitment process.

## Director/s Credit Check

Please read carefully before accepting. Where more than one director, each director must accept the condition below by signing.

1. Agreement that Silver Chef Rental Pty Ltd may seek Consumer Credit information (Section 18K(1)(b), Privacy Act 1988). If Silver Chef Rental Pty Ltd considers it relevant to assessing my/our application for accreditation, I/we agree to Silver Chef Rental Pty Ltd obtaining from a credit reporting agency a credit report containing personal credit information about me/us in relation to accreditation provided by Silver Chef Rental Pty Ltd.

Name:

I have read, understood and accepted the conditions above.

Sign:

Date:

Name:

I have read, understood and accepted the conditions above.

Sign:

Date:

Name:

I have read, understood and accepted the conditions above.

Sign:

Date:

Name:

I have read, understood and accepted the conditions above.

Sign:

Date:

Name:

I have read, understood and accepted the conditions above.

Sign:

Date:

PLEASE RETURN THIS APPLICATION ACCOMPANIED BY YOUR FRANCHISE DISCLOSURE DOCUMENT