



CORNWELL[®] **QUALITY TOOLS**

PRE-APPLICATION CREDIT CHECK

CORNWELL QUALITY TOOLS COMPANY

APPLICANTS INFORMATION

NAME:

FIRST

MIDDLE INITIAL

LAST

PRESENT ADDRESS:

STREET

CITY

STATE

ZIP

COUNTY

TELEPHONE NUMBER:

SOCIAL SECURITY NUMBER:

DOB

DRIVERS LICENSE #

SPOUSE INFORMATION

NAME:

SOCIAL SECURITY NUMBER

DOB

I/we understand that signing this document only makes a request to Cornwell for a franchise Offering Circular and that Cornwell may choose whether or not to send me/us a Franchise Offering Circular, based on this pre-application review of my/our credit history. This document does not constitute an application to become a Cornwell Dealer or an agreement with Cornwell Quality Tools Company to be a Franchised Dealer. By signing below I/we give authorization to Cornwell to obtain a credit report.

I/we further understand that if I/we meet the pre-application credit criteria established by Cornwell, that I/we will receive a Franchise Offering Circular. After reviewing the Franchise Offering Circular and discussions with a Cornwell District Manager, I/we may decide to make an application to become a Franchised Dealer. I/we must still then meet all of the criteria established by Cornwell before final approval to become a Franchised Cornwell Quality Tools Dealer.

I/we hereby affirm that I/we understand the paragraphs above, and that the information provided is true and complete to the best of my/our knowledge. I/we have not had any discussion with a Cornwell District Manager about becoming a Cornwell Franchised Dealer.

Applicant Signature

Date

Spouse Signature

Date

PACC706

RETURN TO: *Cornwell Quality Tools Company
667 Seville Road
Wadsworth, Ohio 44281
Attn: Credit Department*

OR

FAX TO: *330-336-3337
Attn: Credit Department*