



## Franchise Opportunities

Please CONTACT US AT 586-247-0000  
to determine if a PASSPORT PIZZA  
franchise is available in your area.

### FRANCHISES – GREAT BUSINESS OPPORTUNITY NO MATTER HOW YOU SLICE IT.

PASSPORT USA Franchising Corporation Plans to double in size every year. Even in a rough economy Pizza is a growing opportunity with many people changing lifestyles. You can feed your family a Great Meal for Less at home the way families are meant be with PASSPORT Pizza. Great for the family budget & family time together. PASSPORT menu selection will please any taste from a quiet dinner at home to catering for up to 2000 people. We are more than just Great Pizza! We are PASSPORT! Take a tour of our World Tour Pizzas and experience the tastes from around the world.

#### OFFERING SINGLE USER FRANCHISES

If you have a location or existing pizzeria which you currently own and are looking for a change and need some help and guidance in areas such as increasing sales, lowering cost in food, labor and advertising. We have special opportunities available for you.

#### MUTLI-UNIT AGREEMENTS

Passport USA is has franchising opportunities for qualified individuals, Corporations and LLC.

What makes PASSPORT USA different from most franchises...Low royalties flat fee. No percentages – therefore keeping more money in your pocket as your business grows.

### FRANCHISES – TRAINING AND DEVELOPMENT IS ESSENTIAL TO YOUR SUCCESS.

Training is a very important part of owning your business. In order to run your business in profitable and successful way it is a process you will learn during training. You will learn everything from making fresh dough daily to marketing and promoting your business.

- You will be required to train for a minimum 40 in store training.
- You will receive a Passport Manual with the How to's.
- Area demographics, house counts, income
- Help with finding your location
- Help with lease negotiations
- Recommendations for equipment, signage and approved suppliers
- Help with plan designs and layouts
- Certification of foodservice
- Marketing plans, online ordering, website and loyalty programs
- Communications with email, phone calls, group meetings and trainings.
- In restaurant promotions and marketing programs
- Corporate contracts to reduce cost of printing and distribution
- Research and development time tested menu with over 35 years of experience.
- Passport offers the newest in state of the art software packages with call center options and/or local order taking.
- New loyalty program maintaining and recruiting new customers.
- Low royalties flat fee. Not percentages keeping more money in your pocket as your business grows.

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THE INFORMATION ON THIS WEB SITE IS NOT AN OFFER TO SELL, OR A SOLICITATION OF AN OFFER TO BUY, A FRANCHISE. IT IS FOR INFORMATION ONLY PURPOSES. A FRANCHISE IS OFFERED ONLY BY OUR COMPANY DELIVERING A FRANCHISE DISCLOSURE DOCUMENT TO YOU IN COMPLIANCE WITH THE FEDERAL TRADE COMMISSION'S RULE ON FRANCHISING AND APPLICABLE STATE FRANCHISE SALES LAWS.

Buying a franchise is a complex investment. The information in our disclosure can help you make up your mind. More information on franchising, such as "A Consumer's Guide to Buying a Franchise," which can help you understand disclosure documents. You can contact the FTC at 1-877-FTC-HELP.



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Please CONTACT US AT 586-247-0000 to determine if a PASSPORT PIZZA franchise is available in your area.

### Dear Potential Franchise:

Please find enclosed a copy of Passport USA, Inc's 2008 Franchise Disclosure Document. Please review this document carefully. This document is a legal document and you may wish to contact an attorney or an advisor to help you review and understand this document and all of its attachments.

If you are receiving the Franchise Disclosure Document in electronic format and wish to receive it in paper form, please contact us at 586-547-0000 to make that request.

You must receive this document 14 days prior to signing any document with the Passport USA, Inc. and 14 days prior to paying any money to Passport USA, Inc. for a franchise.

You will find attached a receipt for the Franchise Disclosure Document, please sign and date the receipt and send it back to our attention.

Once you have reviewed all of the information in the Franchise Disclosure Document and wish to proceed with a Passport USA, Inc. franchise, please contact us.

Sincerely,

Passport USA, Inc.

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**PERSONAL FINANCIAL STATEMENT**

U.S. SMALL BUSINESS ADMINISTRATION

As of \_\_\_\_\_, \_\_\_\_\_

Complete this form for: (1) each proprietor, or (2) each limited partner who owns 20% or more interest and each general partner, or (3) each stockholder owning 20% or more of voting stock, or (4) any person or entity providing a guaranty on the loan.

Name \_\_\_\_\_ Business Phone \_\_\_\_\_

Residence Address \_\_\_\_\_ Residence Phone \_\_\_\_\_

City, State, & Zip Code \_\_\_\_\_

Business Name of Applicant/Borrower \_\_\_\_\_

ASSETS		(Omit Cents)	LIABILITIES		(Omit Cents)
Cash on hand & in Banks .....	\$	_____	Accounts Payable .....	\$	_____
Savings Accounts .....	\$	_____	Notes Payable to Banks and Others .....	\$	_____
IRA or Other Retirement Account .....	\$	_____	(Describe in Section 2)		
Accounts & Notes Receivable .....	\$	_____	Installment Account (Auto) .....	\$	_____
Life Insurance-Cash Surrender Value Only .....	\$	_____	Mo. Payments \$ _____		
(Complete Section 8)			Installment Account (Other) .....	\$	_____
Stocks and Bonds .....	\$	_____	Mo. Payments \$ _____		
(Describe in Section 3)			Loan on Life Insurance .....	\$	_____
Real Estate .....	\$	_____	Mortgages on Real Estate .....	\$	_____
(Describe in Section 4)			(Describe in Section 4)		
Automobile-Present Value .....	\$	_____	Unpaid Taxes .....	\$	_____
Other Personal Property .....	\$	_____	(Describe in Section 6)		
(Describe in Section 5)			Other Liabilities .....	\$	_____
Other Assets .....	\$	_____	(Describe in Section 7)		
(Describe in Section 5)			Total Liabilities .....	\$	_____
<b>Total</b>	\$	_____	Net Worth .....	\$	_____
			<b>Total</b>	\$	_____

Section 1. Source of Income	Contingent Liabilities
Salary .....	As Endorser or Co-Maker .....
Net Investment Income .....	Legal Claims & Judgments .....
Real Estate Income .....	Provision for Federal Income Tax .....
Other Income (Describe below)* .....	Other Special Debt .....

Description of Other Income in Section 1.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\*Alimony or child support payments need not be disclosed in "Other Income" unless it is desired to have such payments counted toward total income.

Section 2. Notes Payable to Banks and Others. (Use attachments if necessary. Each attachment must be identified as a part of this statement and signed.)

Name and Address of Noteholder(s)	Original Balance	Current Balance	Payment Amount	Frequency (monthly, etc.)	How Secured or Endorsed Type of Collateral

**Section 3. Stocks and Bonds. (Use attachments if necessary. Each attachment must be identified as a part of this statement and signed).**

Number of Shares	Name of Securities	Cost	Market Value Quotation/Exchange	Date of Quotation/Exchange	Total Value

**Section 4. Real Estate Owned.** (List each parcel separately. Use attachment if necessary. Each attachment must be identified as a part of this statement and signed.)

	Property A	Property B	Property C
Type of Property			
Address			
Date Purchased			
Original Cost			
Present Market Value			
Name & Address of Mortgage Holder			
Mortgage Account Number			
Mortgage Balance			
Amount of Payment per Month/Year			
Status of Mortgage			

**Section 5. Other Personal Property and Other Assets.** (Describe, and if any is pledged as security, state name and address of lien holder, amount of lien, terms of payment and if delinquent, describe delinquency)

**Section 6. Unpaid Taxes.** (Describe in detail, as to type, to whom payable, when due, amount, and to what property, if any, a tax lien attaches.)

**Section 7. Other Liabilities.** (Describe in detail.)

**Section 8. Life Insurance Held.** (Give face amount and cash surrender value of policies - name of insurance company and beneficiaries)

I authorize SBA/Lender to make inquiries as necessary to verify the accuracy of the statements made and to determine my creditworthiness. I certify the above and the statements contained in the attachments are true and accurate as of the stated date(s). These statements are made for the purpose of either obtaining a loan or guaranteeing a loan. I understand FALSE statements may result in forfeiture of benefits and possible prosecution by the U.S. Attorney General (Reference 18 U.S.C. 1001).

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

**PLEASE NOTE:** The estimated average burden hours for the completion of this form is 1.5 hours per response. If you have questions or comments concerning this estimate or any other aspect of this information, please contact Chief, Administrative Branch, U.S. Small Business Administration, Washington, D.C. 20416, and Clearance Officer, Paper Reduction Project (3245-0188), Office of Management and Budget, Washington, D.C. 20503. **PLEASE DO NOT SEND FORMS TO OMB.**