



Indulge in Elegance!

Application for Franchise

All information provided is kept confidential, it will not be disclosed except for the purpose or verification and it does not obligate either party. Please fill out this form as accurately and completely as possible.

Date of application _____

Personal Information

Name _____ Social Security # _____

Date of Birth _____ Single _____ Married _____ Widowed _____

Spouse's Name _____ Social Security # _____

Home Address _____

City _____ State _____

Zip Code _____ How Long? _____

Previous Address _____

City _____ State _____

Zip Code _____ How Long? _____

Home Phone _____ Cell Phone _____

Fax # _____ Email Address _____

Names and ages of Dependent Children _____

Educational Background Please list all education you have received including high school, college, trade school, military or special training.

Schools Attended	Years	Grade or Degree Attained
_____	_____	_____
_____	_____	_____
_____	_____	_____

Business Information Please give a complete record of your experience, beginning with your present or last position, include military service. Indicate by asterisk (*) those employers you do not wish us to contact.

Self-employed or Employed by _____

Address _____ City _____

State _____ Zip Code _____

Phone # _____ Dates of employment _____

Position, Title and Responsibilities _____

Salary _____ Reason for leaving _____

Previous Employer or Business _____

Address _____ City _____

State _____ Zip Code _____

Phone # _____ Dates of employment _____

Position, Title and Responsibilities _____

Salary _____ Reason for leaving _____

Previous Employer or Business _____

Address _____ City _____

State _____ Zip Code _____

Phone # _____ Dates of employment _____

Position, Title and Responsibilities _____

Salary _____ Reason for leaving _____

References

Please list three Professional and Character references-Name, Address, Telephone, and Email Address

1. _____

2. _____

3. _____

Please list three Credit references-Name, Address, Telephone, and Email Address

1. _____

2. _____

3. _____

Please list your Bank references-Name, Branch, Address, Telephone, Type of accounts (checking, savings, other?)

Income

Annual income from present occupation \$ _____ Other income \$ _____

If other income, please explain _____

Living Expenses

Estimated minimum income required for your current living expenses \$ _____

Would this business be your sole source of income? Yes _____ No _____

Do you own or rent your home? Own _____ Rent _____

Net Worth Please answer using "No" or "None" where necessary.

Assets

Cash on hand, and unrestricted in banks _____ (see schedule 1)

Notes Receivable, not discounted _____ (see schedule 2)

Life Insurance, cash surrender value _____ (see schedule 3)

Retirement plan _____

Other Stocks and Bonds _____ (see schedule 4)

Real Estate _____ (see schedule 5)

Automobiles, registered in own name _____

Other Assets, itemize _____

TOTAL ASSETS \$ _____

Liabilities

Note Payable to Banks, unsecured direct borrowing _____ (see schedule 1)

Note Payable to Banks, secured direct borrowing _____ (see schedule 1)

Note Payable to other, unsecured _____

Loans against Life Insurance _____ (see schedule 3)

Accounts Payable _____

Interest Payable _____

Taxes and Assessments Payable _____ (see schedule 5)

Mortgages Payable on Real Estate _____ (see schedule 5)

Other Liabilities, itemize _____

TOTAL LIABILITIES \$ _____

Total Assets _____ - Total Liabilities _____

= Net Worth _____ Amount of cash available for investment \$ _____

Do you have a source of financing? Yes _____ No _____ If yes, amount of financing available \$ _____

Contingencies

Do you have any contingent liabilities? Yes _____ No _____

If yes, please itemize _____

Are any of your assets pledged? Yes _____ No _____

If yes, please explain _____

Are you a defendant in any lawsuits or legal actions? Yes _____ No _____

If yes, please explain _____

Have you ever taken bankruptcy? Yes _____ No _____

Physical Condition

General Physical Condition _____

Date of last Physical Exam _____

List any physical impairments or chronic illnesses which may preclude certain types of activities _____

Applicants Franchise Plans

Location Preference

First Choice (City, State) _____

Second Choice (City, State) _____

Third Choice (City, State) _____

Operations

Do you intend to run this business yourself? Yes _____ No _____

If "no", who will be responsible for the daily operation on your business? _____

What is your time frame for opening? _____

Schedule 1 Banking relations

Name and Location of Bank	Cash Balance	Amount of Loan	Maturity of Loan	How Endorsed, Guaranteed or Secured?

Schedule 2 Accounts, Loans and Notes Receivable

Name and Address of Debtor	Amount Owing	Age of Debt	Description of Nature of Debt	Description of Security Held	Date Payment Expected

Schedule 3 Life Insurance

Name of Person Insured	Name of Beneficiary	Name of Insurance Company	Type of Policy	Face Amount of Policy	Total Cash Surrender Value	Total Loans Against Policy	Amount of Yearly Premium	Is Policy Assigned

Schedule 4 Other Stocks and Bonds

Face Value (Bonds) Number of Shares (Stocks)	Description of Security	Registered in Name of	Cost	Present Market Value	Income Received Last Year	To Whom Pledged

Schedule 5 Real Estate

The legal equitable title to all the real estate listed in their statement is solely in the name of the undersigned, except as follows:

Description or Street Number	Dimensions or Acres	Improvements Consist of	Mortgages or Liens	Due Dates and Amounts of Payments	Assessed Value	Present Market Value	Unpaid Taxes Year	Unpaid Taxes Amount

In submitting the foregoing application and statement, the undersigned guarantees its accuracy with the intent that it be relied upon in granting a franchise and extending credit to the undersigned and warrants that he/she has not knowingly withheld any information that might affect his/her credit risk, and the undersigned expressly agrees to notify Franchisor immediately in writing of any material change in his/her financial condition whether application for further credit is made or not and in the absence of such written notice, it is expressly agreed that Franchisor in granting a franchise or credit may rely on this statement as having the same force and effect as if delivered upon the date additional credit is requested or existing credit is extended or continued.

The undersigned consents and authorizes Franchisor to conduct a background check which may include investigation of employment history, educational background, criminal history, military records, credit history and department of motor vehicle records. All information derived from the above shall be kept confidential and be used by Franchisor for internal evaluation purposes only.

The undersigned certifies that each part of the application and financial statements hereof and the information inserted herein has been carefully read and is true and correct.

Date _____ Signed _____