



PRELIMINARY FRANCHISE APPLICATION

Before filling out the following application, please be sure you meet the following criteria. Only applicants that can meet the minimum requirements advance to the next phase in the franchise process.

Minimum Liquid Capital \$300,000.00

Section 1 – Individual Information (please type or print)

Date _____

Name _____

Address _____

City, State & Zip _____

Length at Present Address _____

Social Security # _____

Date of Birth _____

Position or Occupation _____

Business Name _____

Business Address _____

City, State & Zip _____

Home Phone _____

Business Phone _____

E-mail Address _____

Section 2 – Financial Information

Monthly Income

Salary, Wages

Bonus, Commissions

Dividends, Interest

Real Estate Income

Accounts Receivable

Other Income (specify sources)

**Total Monthly Income*

Assets		Liabilities	
Cash	\$	Secured Notes Payable to others	\$
Accounts & Notes Receivable	\$	Margin Accounts	\$
Non- readily marketable securities	\$	Unsecured Notes Payable to Others	\$
Net cash surrender value of life insurance	\$	Margin Accounts	\$
Residential Real Estate	\$	Taxes Payable	\$
Real Estate Investments	\$	Mortgage Debt	\$
Deferred Income	\$	Life Insurance Loans	\$
Personal Property	\$	Other Liabilities	\$
Other Assets	\$		
Total Assets	\$	Total Liabilities	\$
		Total Net Worth	\$

I certify that the information herein is complete and correct. This is not a contract and thereby does not incur obligation on either party.

Signature: _____ Date: _____

Section 3 – Investor/Associates who will join you in this venture

Name _____
Address _____
City, State & Zip _____
Percentage Ownership _____

Name _____
Address _____
City, State & Zip _____
Percentage Ownership _____

List all family members (by name and relationship) whom you anticipate will be involved in the operations of the business:

