

57



Too long to be true

**57 Franchise Application
Form**

57 Franchise Application Form

Background Information

Name (Mr. /Mrs. /Ms) _____ Title _____

Company _____

Address/Street _____

City _____ Country _____

Business Telephone ----- Cell _____

Email Address _____ Fax _____

Education

University

Post Graduate

Technical School

University or Technical School Name:

Year Completed _____ Degree _____

Business Experience

Have you ever owned a business: Yes No

If yes,

Name of Company _____

Type of Business _____ Since _____

Address _____

Is the business still operational? _____ if not why? _____

Other business Affiliations (Partner, Board Member, Officer, Director, etc.)

Name of Company _____

Type of Business _____ Since _____

Name of Company _____

Type of Business _____

Franchise Preference

Type of Franchise: Master Franchisee Sub-Franchisee

Planned date of first opening: _____ Geographical Preference _____

Location Preference:

1st Choice _____ 2nd Choice _____ 3rd Choice _____

Primary Financial Disclosure

Cash available _____

Borrowings _____

Total _____

Please describe briefly what is motivating you to consider a 57 Franchise opportunity?

Additional information or comments that you might like to share with us, in evaluating your request for consideration.

Signature_____

Date_____