



silution™



PKG SEVR
FOC SENT
REPT RTN

FOR OFFICE USE ONLY

FRANCHISE APPLICATION

This form, when completed, is an essential part of our consideration in granting a franchise license to you. Please print or type and give specific answers to all questions. All answers are held in confidence. Each proposed partner of the franchise group should complete a copy of this form.

APPLICANT INFORMATION		
Full Name:		
Soc. Sec.#	Date of birth:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Marital status:	No. of dependents:	Dependents' ages:
SPOUSE INFORMATION		
Full Name:		
Soc. Sec.#	Date of birth:	<input type="checkbox"/> Male <input type="checkbox"/> Female

RESIDENCE			
Present home address:			
			<input type="checkbox"/> Own <input type="checkbox"/> Rent
City:	State:	Zip:	
Metro:	Country:	Phone:	Email:
Previous home address		Bus. Phone:	
		<input type="checkbox"/> Own <input type="checkbox"/> Rent	
City	State	Zip	
Metro	Country	From	To

EDUCATION	APPLICANT	SPOUSE
Highest level completed	<12 12 13 14 15 16 16+	<12 12 13 14 15 16 16+
Highest degree earned	HS BA/BS MA/MS PHD Other	HS BA/BS MA/MS PHD Other
Major field of study		
College/University		

How did you become aware of the Silution franchise opportunity?
If you heard about Silution through a publication, which publication and date or issue?
If you heard about Silution through one of its Franchisees, which one?

BUSINESS EXPERIENCE (LIST COMPANY NAME, TYPE OF BUSINESS, POSITION HELD, DATES POSITION HELD.)

Present/most recent position:

Previous position:

Spouse business experience:

Have you ever operated a business? YES NO if yes, what type?

List other business affiliations (Officer, Director, Partner, etc.):

BUSINESS and MANAGEMENT GOALS

Do you plan to devote full time to this venture? YES NO

Will your spouse be active in the franchise? YES NO

Do you plan to have equity partners? YES NO If yes, please identify all partners:

NAME	ADDRESS	PHONE NUMBER	ACTIVE IN FRANCHISE

Location Preference (City/State/Zip)		Comment:
1st		
2nd		
3rd		

Would you consider an existing store opportunity? YES NO

REFERENCES				OK TO CONTACT
NAME	ADDRESS	CITY/STATE/ZIP	PHONE	
				<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO

Statement of my (our) Financial Condition on _____ 20 ____.

Cash in bank	Checking		Notes Payable to Others (Detail)	
	Savings			
	Mutual Funds		Installment Debt Payable:	Credit Cards
				Auto/Boat
Notes Receivable			Taxes Payable	
Readily Marketable Securities			Mortgages or Liens on Real Estate	
Other Investments			Loans on Life Insurance	
Cash Surrender Value of Life Insurance				
			Other Liabilities (Detail)	
NON-CURRENT ASSETS				
Mortgages & Deeds of Trust Owned				
Real Estate (see Schedule 1 below)				
Automobiles & Other Vehicles				
Personal Property/Household Goods				
Other Assets (Detail)	IRAs		TOTAL LIABILITIES	
	Retirement Fund			
	401Ks		NET WORTH (TOTAL ASSETS-LIABILITIES)	
TOTAL ASSETS			TOTAL	

Monthly				
Salary		Mortgage		As Endorser
Spouse's Salary		Auto, Boat, 2nd Home		As Guarantor
Dividends		Credit Cards		On Damage Claims
Interest		Insurance		For Taxes
Fees or Commissions		Notes Payable		Other
Rentals		Living Expense		
Other (Describe)		Other		Check here if "none"
Total Income		Total Monthly Expenses		Total Contingent Liabilities

Schedule 1 Real Estate

Item No.	Location & Type of Property	Title in Name of	Monthly Payment	Market Value	Mortgage Balance	Date Purchased
1.						
2.						
3.						

The above information has been prepared to the best of my (our) ability, and I (we) have not knowingly withheld any material information of an adverse nature. I (We) understand that this information may be relied upon by the creditor to extend credit to me (us). It is understood that the purpose of this questionnaire is for general information and is in no way binding upon either the Company or the candidate. Consent is given for a credit report to be obtained by the Company. It is, however, understood that the candidate supplies this information contained herein, to the best of his/her knowledge and ability and that the company relies on this fact in assessing the desirability and qualification of the candidate.

*Please attach résumé for yourself and for your spouse/partners if they plan to be involved in franchise.

Applicant's Signature

Date

Spouse's Signature

Date