



Initial Franchise Application

Name (First Last) \_\_\_\_\_ Email \_\_\_\_\_

Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Street Address \_\_\_\_\_ Apt/Suite \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Net Worth:

- Less than \$100,000
- \$100,001 - \$250,000
- \$251,001 - \$500,000
- \$500,001 - \$1,000,000
- Greater than \$1,000,000

Liquid Assets:

- Less than \$50,000
- \$50,001 - \$100,000
- \$100,001 - \$250,000
- \$250,001 - \$500,000
- Greater than \$500,000

Interested franchise location area (City,State)

1<sup>st</sup> Choice \_\_\_\_\_ 2<sup>nd</sup> Choice \_\_\_\_\_

3<sup>rd</sup> Choice \_\_\_\_\_ 4<sup>th</sup> Choice \_\_\_\_\_

What is your time frame for opening?

- I'm Ready Now
- 0 – 90 Days
- 91 – 180 Days
- 181 Days – 1 Year
- More than 1 Year



What is your FICO® credit score?

- < 579
- 580 – 669
- 670 – 739
- 740 – 799
- > 800

Briefly describe your work history, management, and business experience

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Please list the anticipated source(s) of the funds you will utilize to open your franchise?

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How did you hear about us?

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***By my signature below, I certify the information I provided on and in connection with this form is true, accurate and complete. I also understand that any false statements or deliberate omissions on this document or any other document I provide to 55 Franchising, INC (“Franchisor”) may be grounds for disqualification or, if discovered after at a later date, could result in the termination of the franchise agreement. I agree that this form in original, faxed, photocopied or electronic (including electronically signed) form, will be valid for any background reports that may be requested by or on behalf of the Franchisor.***

Signature \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

