



Confidential

Franchise Application

PERSONAL DATA

Date :	
Applicants Name :	
Address :	
Home Phone :	
Mobile :	
Email :	
Fax :	
Date of Birth :	
Age :	
Married or Single :	
No. of Dependant Children :	
Spouses Name :	

OCCUPATION

Present Occupation :	
Phone :	
Business Address :	
Other Occupation :	

TRADE OR BUSINESS EXPERIENCE

(List most recent experience FIRST)

From	To	Name of Firm and Address	Position	Income P.A

BUSINESS REFERENCES

Name :	
Position :	
Company :	
Address :	
Phone :	

Name :	
Position :	
Company :	
Address :	
Phone :	

Name :	
Position :	
Company :	
Address :	
Phone :	

EACH BUSINESS IS INDEPENDENTLY OWNED AND OPERATED

CREDIT REFERENCES

Bank :	
Address :	
Phone :	

FINANCIAL POSITION STATEMENT

Financial Conditions as of _____ 20 ____

ASSETS

Real Estate	\$	<input type="text"/>
Cash in Hand	\$	<input type="text"/>
Business interests	\$	<input type="text"/>
Shares	\$	<input type="text"/>
Other assets	\$	<input type="text"/>
TOTAL	\$	<input type="text"/>

LIABILITIES

Mortgages	\$	<input type="text"/>
Bank Loans	\$	<input type="text"/>
Credit Cards	\$	<input type="text"/>
Other debts and obligations	\$	<input type="text"/>
TOTAL	\$	<input type="text"/>

NET WORTH

\$

Have you ever been bankrupt?

YES NO

Will you require assistance to obtain finances?

YES NO

PERSONAL REFERENCES

Name :	
Address :	
Phone :	
Email :	

Name :	
Address :	
Phone :	
Email :	

Name :	
Address :	
Phone :	
Email :	

GENERAL

Will you devote your FULL TIME to the business?	
If NO, what division of your time?	
Do you plan to have a partner?	
If so, will they be active?	
Details of partner :	
Have you seen a Just Cuts™ salon? Where?	
Where is your choice of location?	1.
	2.
	3.
How many units would you eventually like?	

NOTES
