

FRANCHISEE QUALIFICATION Application

|  |  |
| --- | --- |
|  Last Name First Name Middle Name  | Application Date |
|  |  |
| Date of Birth | Social Security Number | Marital Status | Name & Occupation of Spouse |
|  | **Not Needed At This Stage. Leave Blank** |  |  |
| Contact Information | Home Phone | Cell Phone |  Email |
|  |   |  |
| Current Address |  Street City State zip How Long |
|  |  |  |   |  |
| Previous Address |  Credit Score/Date Checked | If you have not checked your credit score in the last 6 months, you can obtain a free report online. |
|  |  |
| Education | Name of School | Years | Grade or degree obtained |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| Have you ever been convictedof a felony, misdemeanor or DUI? | If yes, please explain: |
|  |
| Yes\_\_\_\_\_\_\_\_\_ | No\_\_\_\_\_\_\_ |
| Are you a defendant in any lawsuit or legal action? | If yes, please explain: |
|  |
| Yes\_\_\_\_\_\_\_ | No\_\_\_\_\_\_ |
| Employment(We will not contact your employer without your permission) |  Employed By Position Years employed Phone  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Financial Information**

|  |  |  |  |
| --- | --- | --- | --- |
| Your annual income | Spouse’s Annual Income | Other Income | Would this business be your sole source of Income? |
|  |  |  |  |
| Liquid Capital Available | Are you able to obtain financing for the remainder and if yes how? |
|  |  |
| Ever owned your own business? | If yes, please explain |
|  |  |

**Applicant’s Plans**

|  |  |
| --- | --- |
| Who is going to own the franchise? | Your desired territory (Please include county and zip) Choice 1 Choice 2 Choice 3 |
|  |  |  |  |
| If approved, when will you be ready to execute Franchise Agreement? (must provide date) | If approved, when will you be ready to open your store? (must provide date) |
|  |  |
| Please explain your plans for this business |
|  |

**References**

|  |  |  |
| --- | --- | --- |
| Name | Relationship to you | Phone |
|  |  |  |
|  |  |  |
|  |  |  |

I certify that the information provided above is true and accurate,

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Submitting this application does not obligate the applicant to purchase a franchise or for Physical Therapy Now to sell a franchise to the applicant.