

FRANCHISEE QUALIFICATION Application

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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 | | | | | | | | | |
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| Have you ever been convicted  of 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 | | | | | | | | | | | | | | | | | | | |
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**Financial Information**

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| --- | --- | --- | --- | --- | --- |
| 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**

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| --- | --- | --- |
| 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.