



FRANCHISE APPLICATION FORM

Thank you for considering Pho24 Franchise. This application will help you present your personal and business information which is essential for our consideration in granting Licenses. Please complete all items completely and clearly. The information you provide is confidential and does not obligate either party in any manner.

GENERAL INFORMATION

Full name: _____

Date of birth: _____ Male Female

Address: _____ Nationality: _____

Home tel: _____ Mobile phone: _____

Email: _____

Business Name (if any): _____

Registered Business Address : _____

Business Lincence Number: _____

Type of business: _____

Charter Capital: _____

Estimated business assets: _____

Office tel: _____ Fax number: _____

Best time to contact: _____ AM PM

CAREER AND BUSINESS HISTORY

From _____ to current Working company or business name: _____

Type of business: _____

Adress: _____

Position held: _____

Main duties: _____

From _____ to _____ Working company or business name: _____

Type of business: _____

Adress: _____

Position held: _____

Main duties: _____

From _____ to _____ Working company or business name: _____

Type of business: _____

Adress: _____

Position held: _____

Main duties: _____

EDUCATION

Year	Course description	Qualifications	Name and address of school/ college
1.			
2.			
3.			

REFERENCES

Please provide details of three personal or business references:

Name	Address	Contact number	Relationship	No. of years acquaintance
1.				
2.				
3.				

FINANCIAL STATEMENT**Personal financial Statement** (for the last full financial year):

Salary:	\$
Bonus:	\$
Dividends:	\$
Income from property:	\$
Profit of your business:	\$
Other income:	\$
<u>Total</u>	\$

Assets	Amount	Liabilities	Amount
Cash:	\$	Loans:	\$
Shares:	\$	Mortgages:	\$
Real Estate:	\$	Current liabilities:	\$
Current assets:	\$	Other liabilities:	\$
Inventory:	\$		
Net business value:	\$		
<u>Total assets:</u>	\$	<u>Total liabilities:</u>	\$

FRANCHISE INFORMATION

What area(s) are you interested in?

1st choice:

2nd choice:

3rd choice:

Will you devote full time to this business?

Yes No

If no, please explain:

Will your spouse be involved in this business?

Yes No

Are you considering a partner?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, who is your potential partner? Please explain		
Do you have a financial source?		
Yes <input type="checkbox"/>	No <input type="checkbox"/>	
If yes, please provide contact information:		
If awarded a franchise, when would you plan to open?		
<p>I authorize the release and verification of any and all credit information to Pho24. I understand that the release of such information does not constitute a consumer transaction and this information will remain in the strict confidence of Pho24. I certify that the information provided in this application is true and complete.</p> <p>The person completing the form:</p> <p>Signature _____</p> <p>Full Name _____</p> <p>Date _____</p>		