

Your Application to Move Ahead with Move It Now!

# FRANCHISE OPPORTUNITY



## Application

It is understood that the purpose of this application is for general information and is in no way binding upon the company or the applicant. It is understood, however, that the applicant supplied the information contained herein to the best of his/her knowledge and ability and that the company relies on this fact when assessing the desirability and qualifications of the applicant. Photocopies are acceptable. This document and all other correspondence between the applicant and Move It Now will be kept confidential.

(To be completed by each proposed partner of the Franchise Group)

Section 1: PERSONAL INFORMATION (PLEASE PRINT OR TYPE)					
Applicant's Name					
Address					
City		State	Zip Code		
Telephone Number		Fax Number			
Social Security Number		Date of Birth	E-mail		
Our/My Current Residence is (check)		<input type="checkbox"/> Own	<input type="checkbox"/> Rent	How Long?	
Section 2: EMPLOYMENT INFORMATION					
Applicant's Current Employment Status (check)		<input type="checkbox"/> Full-time	<input type="checkbox"/> Part-time	<input type="checkbox"/> Self-employed <input type="checkbox"/> Unemployed	
Employers/Business Name					
Position Held		How Long There?			
Employer/Business Address			Annual Salary		
Telephone Number		Fax Number			
May we contact your employer for reference? (check)		<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Section 3: EDUCATION AND EXPERIENCE					
Your Education: High School Graduate (check)		<input type="checkbox"/> Yes <input type="checkbox"/> No	College:	# of Years	Degree
College Attended					
Other Special Skills					
In which of the following areas do you have experience? (check all that apply)					
<input type="checkbox"/> Management		<input type="checkbox"/> Retail	<input type="checkbox"/> Marketing	<input type="checkbox"/> Sales	<input type="checkbox"/> Accounting
Other Service Industry (please specify)					

## Section 4: BUSINESS INFORMATION

Where did you hear about Move It Now?

Have you ever owned your own business?

If yes, please describe the business(es).

How long have you been looking for a business?

Where do you want to locate the business geographically?

Can you devote your full time to a business?

If not, who do you plan to have do it?

If approved, how do you propose to finance the purchase and development of your Move It Now franchise?

## FRANCHISE LOCATION

Plan date to open franchise.

Geographic Location Preferences

- 1.
- 2.
- 3.

## PRELIMINARY FINANCIAL DISCLOSURE

Assets:

Liabilities:

Net Worth:

Cash available to start franchise

Equity In:

Personal Residence: \$

Other Real Estate: \$

## OTHER INFORMATION

Why do you believe you can successfully operate a Franchise?

How will the Franchise opportunity help you in achieving your business and personal goals?

Additional information or comments you might like to share with us in evaluating your request for application:

### ***Please Attach a Resume if Available***

The undersigned agrees;

1) that the information will be used only for the purpose of evaluating the possible purchases of a Franchise; and 2) that the information will not be copied or used for any other purpose.

I certify that all my statements and representations made in my Request for Consideration are true and correct, and I have withheld no relevant information, which would, if disclosed, adversely affect my application. I understand Move It Now relies upon such statement and representations in making its business decision concerning me. I authorize Move It Now to undertake, or cause to be undertaken, an investigation(s) to cover, without limitation, one or more of the following items:

1. the obtaining of information concerning my employment history (including United States military service, if applicable), from any prior employer or source, but will not contact current employer;
2. the obtaining of a credit report concerning me or my spouse, or both;
3. the obtaining of a background check concerning me or my spouse, or both.

Signature \_\_\_\_\_

Date \_\_\_\_\_