



## Firestorm Franchise Application Form

### Personal Information

First Name	Middle Initial	Last Name	
Address		State	Zip Code
DOB	Gender	Phone	Cell Phone
Email	Fax		
Have you ever been convicted of a felony?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you been involved in any litigation proceeding within the last 5 years?			<input type="checkbox"/> Yes <input type="checkbox"/> No

### Education Background

College & Graduate Schools	Years	Degree

### Business History

<input type="checkbox"/> Self Employed <input type="checkbox"/> Employed By		Years in Business
Name of Business		
Title		
Nature of Business		
Address	State	Zip Code
Business Phone	Alt. Phone	
Prior Employer	Years	Title
Prior Employer	Years	Title
Prior Employer	Years	Title
Prior Employer	Years	Title
Prior Employer	Years	Title



### Financial Information (in USD)

Bank Reference	Branch	Address	Contact
<p>A) Individual Liquid Assets (Cash, Stocks, etc)</p> <p>B) Individual Fixed Assets (Home, Car, etc)</p> <p>C) Individual Total (A+B)</p> <p>D) Individual Liabilities (Mortgages, Loans, etc)</p> <p>E) Individual Total Net Worth (C-D)</p>			
This business will be your sole income source		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Will you apply for finance to obtain franchise?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, how much financing are you applying for?			

### References (Excluding Relatives/Need at least 3)

Name 1	Title	Organization
Address	Telephone	E-mail
Name 2	Title	Organization
Address	Telephone	E-mail
Name 3	Title	Organization
Address	Telephone	E-mail

### Partners (All partners should fill out a separate application)

Will you have partner(s)?		<input type="checkbox"/> Yes	<input type="checkbox"/> No (if no, you may skip this section. Otherwise, complete below.)
First Name	Middle Initial	Last Name	% Ownership
			<input type="checkbox"/> Active <input type="checkbox"/> Silent
			<input type="checkbox"/> Active <input type="checkbox"/> Silent
			<input type="checkbox"/> Active <input type="checkbox"/> Silent



## Location Preference

1 <sup>st</sup> choice	City	State	Zip
2 <sup>nd</sup> choice	City	State	Zip
3 <sup>rd</sup> choice	City	State	Zip

## Why are you interested in a Firestorm franchise

## Disclaimer

I understand that the approval of a franchise is at the sole discretion of the Franchisor (Firestorm Franchising, LLC). I understand that any information I receive from the Franchisor (or from any officers, affiliates, employee, agent or franchisee of the Franchisor) (i) as part of the application process for a franchised Firestorm Business and (ii) before executing a Firestorm Franchise Agreement is highly confidential ("Confidential Information"). Franchise information has been developed with a great deal of effort and expense to the Franchisor, and is being presented to me solely because of this Application. I agree that I shall treat and maintain all Confidential Information as confidential, and I shall not, at any time, without the express written consent of the Franchisor, disclose, share, or copy any Confidential Information to any person, firm, corporation or other entity, or use any Confidential Information, directly or indirectly, for my own benefit or the benefit of any person, firm, corporation or other entity, other than for the benefit of the Franchisor.

I authorize the Franchisor to conduct background verification and perform a general background search ("Investigations"). I understand that these Investigations may disclose information about my background, character, general reputation, relations with other individuals or entities, creditworthiness, litigation history and job performance. I hereby release the Franchisor, credit bureaus, security consultants and other investigative service agents selected by the Franchisor, its officers, agents, employees, and/or servants from any liability arising from the preparation of these Investigations and use of these Investigations in the application process. This authorization for release of information and Investigations includes but is not limited to matters of opinion relating to my character, ability, reputation, relationships with others. I authorize all persons, schools, companies, corporations, credit bureaus, law enforcement agencies or other investigative service providers to release such information and Investigations without restriction or qualification to designated representatives of the Franchisor, a credit bureau, security consultant or other investigative service agents selected by the Franchisor. I further authorize Franchisor to obtain a credit report and obtain any other information about my credit history as it deems necessary to evaluate my qualification as a potential Firestorm franchisee. I voluntarily waive all recourse and release them from liability for complying with this authorization. This authorization I release shall apply to this as well as any future request for these Investigations by the above named individuals or entities. I authorize that a photocopy or facsimile of this release be considered as valid as the original.

I agree that any and all previously unasserted claims, disputes or controversies arising out of or pertaining solely to this Application and/or Confidential Information will be governed by the laws of the State of Georgia (all disputes arising after the execution of a

Firestorm Franchise Agreement will be governed by the terms of the Firestorm Franchise Agreement). I certify that all information provided in this Application is true and I understand that the information provided by me will be used for franchise application review by the Franchisor. I understand that I will not be approved to purchase a franchise if I fail to satisfactory meet the pre-conditions established by the Franchisor. Additionally, I understand that the Franchisor may require me to submit to a personality test and the results of such test will be provided to Franchisor.

I have read the above disclaimer

Print name to indicate consent and signature will be required at time of sale

Applicant's Printed Name

Date

**We recommend that you print a copy for your records.**

