

Atlantis Franchising, Inc.

466 Moriches Road St. James, NY 11780

Tel. 631-584-2323 Fax. 631-

E-mail info@ atlantishn.com

CONFIDENTIAL FRANCHISE APPLICATION

Please complete and return this following report. All information will be in held in strict confidence. **We will not contact your present employer.**

THIS IS NOT A CONTRACT AND DOES NOT INCUR AN OBLIGATION ON EITHER PARTY.

PERSONAL APPLICANT INFORMATION:

Name _____ Date of Birth _____
(First) (M.I.) (Last)
Address _____ City _____ State _____ Zip _____
 Own Rent How long? _____

Telephone Numbers: Day (_____) _____ Evening (_____) _____

Fax (_____) _____ Email _____

Social Security Number _____

EDUCATIONAL BACKGROUND:

University or College(s) Attended _____

Type of Degree _____ Major _____ Year Graduated _____

EMPLOYMENT:

Your **Current** Employment _____ Type of Business _____

Title/Position _____ Length of Employment _____ Salary _____

Your **Previous** Employment _____ Type of Business _____

Title/Position _____ Length of Employment _____ Salary _____

Spouse's Current Employment _____ Type of Business _____

Title/Position _____ Length of Employment _____ Salary _____

Have you ever owned or operated a business? Yes Full-time Part-time No

If yes, explain _____

GENERAL INFORMATION:

In terms of purchasing a business I am Mildly Interested Very Interested Ready To Purchase

Do you have any experience in Advertising/Marketing Public Relations Sales Management Customer Service

Who will run your business? Self Spouse Son/Daughter Partner Other _____

Name(s) of those checked above _____

Will you be running this business on a full-time basis? Yes No
 How did you **first** become aware of our franchise? Friend/Associate Magazine Ad Newspaper Ad Web Site
 Magazine/Newspaper Existing Franchise Mailer Other _____

STATEMENT of APPLICANTS FINANCIAL CONDITION:

(Fill in all blanks, writing "NO" or "NONE" where necessary to complete information)

ASSETS		LIABILITIES & NET WORTH	
Cash in Banks	\$	Notes Due Banks&Others	\$
Notes\$ Accts Rec.	\$	Charge Accounts	\$
Stocks&Bonds	\$	Taxes Payable	\$
Life Ins. Cash Value	\$	Auto Loans	\$
Total Current Assets	\$	Total Current Liabilities	\$
Automobiles	\$	Real Estate Mortgages	\$
Real Estate Owned	\$	Other Liabilities	\$
Other Assets	\$	Total Non-Current Liabilities	\$
		Total Liabilities	\$
IRAs	\$		
Total Non-Current Assets	\$	Net Worth	\$
Total Assets	\$	Total Liabilities & Net Worth	\$

Have you ever been convicted of a felony? Yes No
 If yes, explain

Have you ever filed bankruptcy? Yes No
If yes, explain

FRANCHISE LOCATION:

In what territory or area would you like to establish your Atlantis Center? 1st Choice

2nd Choice _____

When do you plan to open your Atlantis Center? _____

Do you live in the territory above?

Please use the space below to indicate your goals and objectives in establishing your business:

Please describe skills and business experience:

The undersigned authorizes Atlantis Franchising, Inc. to obtain credit information and authorizes the release of such information for the exclusive and confidential use of Atlantis Franchising, Inc.

Signature

Date _____