

# fresh+healthy brands™

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## FRANCHISE APPLICATION FORM

### SECTION 1: PERSONAL DATA

- Company Name: \_\_\_\_\_
- Surname: \_\_\_\_\_ First Name: \_\_\_\_\_
- Date of Birth: \_\_\_\_\_ Marital Status: \_\_\_\_\_
- Number of Children: \_\_\_\_\_ Total Dependents: \_\_\_\_\_
- Home Address: \_\_\_\_\_ Years there: \_\_\_\_\_
- City: \_\_\_\_\_ Country: \_\_\_\_\_ Postal/Zip Code: \_\_\_\_\_
- Tel. # Home: \_\_\_\_\_ Tel. # Office: \_\_\_\_\_ Fax #: \_\_\_\_\_
- E-Mail: \_\_\_\_\_ Tel. Mobile: \_\_\_\_\_

### SECTION 2: EDUCATION

- High School: \_\_\_\_\_ University/College: \_\_\_\_\_
- Degree: \_\_\_\_\_
- Describe any training: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### SECTION 3: BUSINESS EXPERIENCE

- Present Occupation: \_\_\_\_\_
- Company: \_\_\_\_\_ Address: \_\_\_\_\_
- Salary: \_\_\_\_\_
- Duties/Responsibilities: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- Companies Type of Business: \_\_\_\_\_
- Are you now self employed (yes/no): \_\_\_\_\_ (If yes, complete the following):  
Firm: \_\_\_\_\_ Phone Number: ( ) \_\_\_\_\_  
Type of business: \_\_\_\_\_ Years in business: \_\_\_\_\_  
Your Title: \_\_\_\_\_ Yearly Sales: \_\_\_\_\_ Salary: \_\_\_\_\_

### SECTION 4: PREVIOUS BUSINESS EXPERIENCE

<u>Position</u>	<u>Company</u>	<u>Location</u>	<u>Phone</u>	<u>Contact</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**SECTION 5: FINANCIAL**

**Assets:**

Cash Available \$ \_\_\_\_\_  
 Stocks, Bonds & Securities \$ \_\_\_\_\_  
 Accts, Notes Receivable \$ \_\_\_\_\_  
 Real Estate (Market Value) \$ \_\_\_\_\_  
 Mortgage Receivable \$ \_\_\_\_\_  
 Business Accounts \$ \_\_\_\_\_  
 Retirement holdings \$ \_\_\_\_\_  
 Other Financial Sources \$ \_\_\_\_\_  
 Other assets \$ \_\_\_\_\_  
**TOTAL \$ \_\_\_\_\_**

**Liabilities:**

Unpaid Taxes \$ \_\_\_\_\_  
 Loans \$ \_\_\_\_\_  
 Other bank loans \$ \_\_\_\_\_  
 Mortgage loan \$ \_\_\_\_\_  
 Other liabilities \$ \_\_\_\_\_  
 Other Financial Commitments \$ \_\_\_\_\_  
 \$ \_\_\_\_\_  
**TOTAL \$ \_\_\_\_\_**

Describe Real Estate: \_\_\_\_\_

Describe Securities: \_\_\_\_\_

Mortgage Payment: Monthly \_\_\_\_\_ Financial Loan payments \_\_\_\_\_

Name of Bank / Finance Company / Credit Card Holder

Name	Address	Phone	Contact
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**SECTION 6: ABOUT YOU**

From what source did you learn about the franchise? \_\_\_\_\_

Franchise or territory applied for? \_\_\_\_\_

How many franchise units do you or your company wish to own? \_\_\_\_\_

Have you submitted a resume or company profile with this application? \_\_\_\_\_

Will you have partners? Please submit separate Application for each partner. \_\_\_\_\_

\_\_\_\_\_  
Applicants Signature

\_\_\_\_\_  
Dated

**Submit to:** Pure Health by email to: [franchising@juicezone.com](mailto:franchising@juicezone.com) or by Fax: 1-778-298-5318  
***Thank you.***