

# N2 Lab Franchise Application Form

## PERSONAL DATA

### Applicant

Name \*

Home Phone \*

Email Address\*

Cell Phone\*

Fax

Other Phone

Street Address\*

City/State/Zip\*

Do you\*Rent/Own

How long at this address?\*

Current Occupation\*

How long at this  
occupation?\*

Annual Income\*

Date of Birth\*

Social Security Number\*

Have you ever been convicted of a felony offense?\*

Yes/No

Marital Status\*Married/Single/Divorced/Seperated

If married, will your spouse participate in the  
business?Yes/No

### Co-Applicant

Name

Home Phone

Email Address

Cell Phone

Fax

Other Phone

Home Address

City/State/Zip

Do you Rent / Own

How long at this address?

Current Occupation

How long at this occupation?

Annual Income

Date of Birth:

Social Security Number

Have you ever been convicted of a felony offense?Yes/No

Marital Status: Married/Single/Divorced/Seperated

If married, will your spouse participate in the business?

Yes/No

## Business Experience/Employment History

### Applicant

May we contact Employer?\* Yes/No

FROM	TO (YEARS)	COMPANY/CITY	POSITION	ANNUAL INCOME	EMPLOYER CONTACT
*		*	*	*	*

### Co-Applicant

May we contact Employer? Yes/No

FROM	TO (YEARS)	COMPANY/CITY	POSITION	ANNUAL INCOME	EMPLOYER CONTACT

# Education

## Applicant

FROM – TO (YEARS)  
\*

SCHOOL ATTENDED  
\*

GRADE OR DEGREE  
\*

## Co-Applicant

FROM – TO (YEARS)

SCHOOL ATTENDED

GRADE OR DEGREE

# Business/Management Goals & Objectives

1. Why do you want to purchase our Franchise? \*
2. Which other franchise organizations did you look at seriously? \*
3. Do you intend to be a full/part time owner operator, or maintain a manager for the franchise? \*
4. Who will be managing the day to day operations? \*
5. Do you intend to employ family members, and if so how many? \*
6. Have you ever owned a franchised business before? \*
7. Have you ever worked in a franchised business before (which one)? \*

8. Have you ever owned a similar business? \*
9. Have you ever worked in a similar business? \*
10. What do you think you would make a good franchise owner? \*
11. If you own any business ventures now do you intend to maintain ownership if those ventures? \*
12. How did you find out about our franchise opportunity? \*
13. How long do you think you might own the franchise? \*
14. Were you interested in purchasing an existing franchise, or a new franchise? \*
15. Apart from the funds to purchase and open the franchise, do you have sufficient other resources to support you and your family for at least several months or more, until the franchise begins to make a profit? \*
16. Specify the cities or areas and state you are interested in.\*
17. What is your timeline for starting your own business? (In months) \*

## Final Disclosure

This information serves only to show your ability to make the necessary investment to successfully capitalize your business.

### Applicant

#### Assets

Cash in Checking Account\*\$

Cash in Savings Account\*\$

#### Liabilities

Notes Payable to Banks\*\$

Notes Payable to Finance  
Companies\*\$

Real Estate (Home Value)\*\$

Other Real Estate\*\$

Cash Surrender in Life Insurance\*\$

Stocks/Bonds Value\*\$

Name of Firm (Stocks/Bonds)\*

Real Estate Mortgage  
Indebtedness\*\$

Credit Cards\*\$

Other Liabilities\*\$

Automobile Fair Market  
Value\*\$

Other Vehicles Fair Market  
Value\*\$

## Co-Applicant

### Assets

Cash in Checking Account\$

Cash in Savings Account\$

Real Estate (Home Value)\$

Other Real Estate\$

Cash Surrender in Life Insurance\$

Stocks/Bonds Value\$

Name of Firm (Stocks/Bonds)

### Liabilities

Notes Payable to Banks\$

Notes Payable to Finance  
Companies\$

Real Estate Mortgage  
Indebtedness\$

Credit Cards\$

Other Liabilities\$

Automobile Fair Market  
Value\$

Other Vehicles Fair Market  
Value\$

## Qualified Plan Assets

## Applicant

401K Assets\*\$

IRA Assets\*\$

Other Assets\*\$

Total Assets\*\$

Total Liabilities\*\$

### NET WORTH

\$

(Total Assets minus Total Liabilities)\*

What amount of money do you feel comfortable investing?\*

\$

What is your liquid capital?\*

\$

Have you ever filed for bankruptcy?\* NoYes

One a scale of 1-10, with 10 being the highest, how committed are you to moving forward with N2 Lab Franchising?\*

## Co-Applicant

401K Assets\$

IRA Assets\$

Other Assets\$

Total Assets\$

Total Liabilities\$

### NET WORTH

\$

(Total Assets minus Total Liabilities)

What amount of money do you feel comfortable investing? \$

What is your liquid capital? \$

Have you ever filed for bankruptcy? No/Yes

On a scale of 1-10, with 10 being the highest, how committed are you to moving forward with N2 Lab Franchising?

## Comments / Notes

## Disclosure Statement

Thank you for your inquiry and interest in possibly purchasing a N2 Lab Franchise. We appreciate your interest in our Company. This application is the first step of our franchising process. Once your qualifications have been determined to fit our criteria, we will send you a Franchise Disclosure Document which contains all the details about our Company, its officers, directors, trainers, the training program, the products, and the initial investment costs, as well as ongoing costs payable to the Company. We will thereafter set up a personal, or telephone interview to answer your questions as well as for us to continue the evaluation of you as a potential franchise. Our review and final approval of your application may take several interviews as we want to be sure you are as comfortable with us and we are with you owning a N2 Lab franchise. N2 Lab requires your authorization for a credit check and background check, so please be sure to sign that authorization which is part of the application.

Please allow a minimum of 5 -7 business days after we receive your application for us to respond to you, although generally it will be much sooner.

I have read the above disclaimer\*

## Signatures

Type your name to indicate consent. Signature required at time of sale.

Applicant's Typed Name\*

Co-Applicant/Spouse's Typed  
Name

## Certification

The undersigned in making this Application to FRANCHISOR hereby represent(s) and assert(s) that all information furnished in this entire application is true and correct to the best of my/our knowledge and belief. I/We fully understand that FRANCHISOR relies upon all statements made herein by Applicant(s) and agree that any falsehoods or misstatements may, at FRANCHISOR option, constitute cause for revocation or termination of any Agreements entered into with FRANCHISOR immediately upon notification to the undersigned after discovery by FRANCHISOR.

Applicants Signature\*

Date\*

Co-Applicants Signature

Date

## Credit Authorization

The undersigned are requesting credit of FRANCHISOR. and authorize FRANCHISOR. to investigate their financial status. WE voluntarily authorize FRANCHISOR or its affiliate/designee to obtain a consumer credit report and/or to check our consumer credit as needed, on an ongoing basis as it related to my application for ownership of and license to a FRANCHISOR franchise, pursuant to a franchise agreement with FRANCHISOR and we hereby authorize any agency or third party contacted by or on behalf of FRANCHISOR to furnish the above information.

Applicants Signature\*

Date\*

Co-Applicants Signature

Date