

Personal Information

First Name Middle Initial Last Name
 Address State Zip Code
 Country
 DOB Gender Pri. Phone Mobile Phone
 Tax ID/SSN Email Fax

Are you of legal age in your State/Province/Residence Area? Yes No
 Have you ever been convicted of a felony? Yes No
 Have you been involved in any litigation proceeding within the last 5 years? Yes No

Spouse Personal Information (optional)

First Name Middle Initial Last Name
 Address State Zip Code
 Country
 DOB Gender Home Phone Mobile Phone
 Tax ID/SSN Email

Are you of legal age in your State/Province/Residence Area? Yes No
 Have you ever been convicted of a felony? Yes No
 Have you been involved in any litigation proceeding within the last 5 years? Yes No

Education Background

Highest Education

Schools Attended	Years	Grade or Degree
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Business Information

Self Employed Employed By Years in Business

Name of Business

Title

Nature of Business

Address State Zip Code

Country

Business Phone Alt. Phone

Financial Information (in USD)

Annual Income (current occupation)

Annual Income (other sources)

Please explain other income

Bank Reference	Branch	Address	Contact
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

A) Individual Liquid Assets (Cash, Stocks)

B) Individual Fixed Assets (Home, Car, etc)

C) Individual Liabilities (Mortgages, Loans, etc)

D) Individual Total Net Worth (A + B - C)

Will this business be your sole income source Yes No

Will you apply for finance to obtain franchise? Yes No If yes, how much financing are you applying

Reference (Excluding Relatives)

Name	Address	Telephone
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Partners (All partners should fill out a separate application)

Will you have partners(s) ? Yes No (if no, you may skip this section. Otherwise, complete section below.

First Name	Middle Initial	Last Name		% Ownership	Gender
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/> Active <input type="radio"/> Silent	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/> Active <input type="radio"/> Silent	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/> Active <input type="radio"/> Silent	<input type="text"/>	<input type="text"/>

Timing and Location

If qualified, when will you invest in a franchise?

How involved will you be in operating the business?

Preferred geographic area for franchise 1)

2)

Estimated training date, should you choose to invest

Disclaimer

I understand that the approval of a franchise is at the sole discretion of the Franchisor (GatSplat Franchising LLC). I understand that any information I receive from the Franchisor or from any officers, employee, agent or franchisee of the Franchisor is highly confidential ("Confidential Information"). Confidential Information about the Franchise or Franchisor 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. 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, a credit bureau, security consultants or 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. This authorization for release of information 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 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 GatSplat franchisee. Additionally, I understand that the Franchisor may require me to complete a personality test I voluntarily waive all recourse and release them from liability for complying with this authorization. This authorization 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 I will resolve any and all previously unasserted claims, disputes or controversies arising out of or pertaining to my franchise application for the right to operate a GatSplat franchise from Franchisor. 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 may not be approved as a franchisee or to purchase a franchise or any franchise rights, which decision and approval is in Franchisor's sole and absolute discretion . I have read the above disclaimer

Please mail all completed inquiry forms plus \$250 non-refundable processing fee (payable to Gatsplat Franchising LLC) to **Attn.: Franchise Application, GatSplat Franchising 582 E Hwy 121 Lewisville, TX 75057**

Check No. _____ Bank: _____
Check Amount: _____ Date: _____

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

Applicant's Typed Name	<input type="text"/>	Spouse's Typed Name	<input type="text"/>
Date	<input type="text"/>	Date	<input type="text"/>

We recommend that you print a copy for your record