



FRANCHISE APPLICATION

PERSONAL INFORMATION				PLEASE FAX TO FRANCHISE DEVELOPMENT DEPARTMENT 804-452-7511	
LAST NAME		FIRST NAME	MIDDLE NAME	MARITAL STATUS	
DATE OF APPLICATION / /		BIRTHDATE / /	AGE	TELEPHONE NUMBER ()	
EMAIL ADDRESS				CELL NUMBER ()	
CURRENT ADDRESS		CITY	STATE	ZIP	HOW LONG?
PREVIOUS ADDRESS		CITY	STATE	ZIP	HOW LONG?
HEIGHT FT. IN.	WEIGHT (LBS.)	NAMES AND AGES OF CHILDREN			
NAME OF SPOUSE			OCCUPATION OF SPOUSE		
ARE YOU A CITIZEN OF THE UNITED STATES? YES <input type="checkbox"/> NO <input type="checkbox"/>			HAVE YOU EVER A DUI CONVICTION? YES <input type="checkbox"/> NO <input type="checkbox"/>		
HAVE YOU EVER BEEN CONVICTED OF A FELONY YES <input type="checkbox"/> NO <input type="checkbox"/>			HAVE YOU EVER FILED FOR BANKRUPTCY? YES <input type="checkbox"/> NO <input type="checkbox"/>		

EDUCATION				PLEASE LIST HIGHEST EDUCATION RECEIVED INCLUDING MILITARY OR SPECIAL TRAINING			
SCHOOL		DATES OF ATTENDANCE		MAJOR FIELD		DEGREE / GRADUATION	
SCHOOL		DATES OF ATTENDANCE		MAJOR FIELD		DEGREE / GRADUATION	

OPERATION PLAN AND LOCATION		PLEASE INDICATE WHO AND WHERE YOU WOULD LIKE TO OPERATE	
PROVIDE THE OWNER AND OPERATOR OF THE FRANCHISE (YOU, PARTNER OR GROUP)			
PLEASE EXPLAIN IF NOT YOU			
AVAILABLE CAPITAL AND SOURCE FOR INVESTMENT		PRIMARY CITY/TERRITORY OF INTEREST	
SECONDARY CITY/TERRITORY OF INTEREST		OTHER CITIES/TERRITORIES OF INTEREST	

FUNDING PLAN				PLEASE INDICATE HOW YOU PLAN TO FUND YOUR BUSINESS			
CASH AVAILABLE FOR INVESTMENT		FINANCING SOURCE		FINANCING AMOUNT		FINANCING CLOSING DATE	
BANKRUPTCIES? IF SO, WHEN?		CONVICTED OF A FELONY?		CURRENT LAWSUITS/LEGAL ACTIONS?			

BUSINESS AND EXPERIENCE

INCLUDE INFORMATION THAT MIGHT HELP OPERATE THE BUSINESS

BUSINESS OWNERSHIP, EMPLOYMENT OR ANYTHING YOU WOULD LIKE US TO KNOW ABOUT YOU BIO OR RESUME ATTACHED **CONFIDENTIAL FINANCIAL STATEMENT** PLEASE COMPLETE AS FULL AS POSSIBLE

ASSETS		LIABILITIES	
CASH ON HAND, AND UNRESTRICTED IN BANKS	\$	MORTGAGES PAYABLE ON REAL ESTATE	\$
U.S. SECURITIES STOCKS AND BONDS		TAXES AND ASSESSMENTS PAYABLE	
REAL ESTATE		CREDIT CARD DEBT	
NOTES RECEIVABLE		AUTOMOBILE LOANS	
AUTOMOBILES		NOTES PAYABLE TO OTHERS	
OTHER ASSETS		OTHER LIABILITIES	
TOTAL ASSETS		TOTAL LIABILITIES	
CREDIT SCORE		NET WORTH	

CERTIFICATE OF INFORMATION AND DISCLOSURE: The submission of this application does not obligate either the applicant or **Bounce 2 The Moon, Inc.** ("the Company") in any manner, nor does it imply that there is any legal or commercial relationship between either party. Information concerning Company can be found in the Franchise Disclosure Document. This is not an offer to sell a franchise. Completion of this form is only one of a number of steps in the process of acquiring a Company franchise.

I understand that in connection with my application for franchise owner consideration, the Company, their agents or employees may be performing, requesting, obtaining or conducting a background check and credit check on me. This check may include an inquiry into my Employment History, Education, General Character or Reputation, Work Experience, Driving, Credit and/or Criminal History.

I understand that the Company may rely on any part of all of this information in determining whether to extend an offer of ownership of a Company franchise. I further understand that if any adverse action is taken by the Company, or if the Company chooses not to extend an offer of ownership of a Company franchise to me based upon the information, that I will be provided a copy of such information along with a summary of my rights under the Fair Credit Reporting Act.

Although furnishing your Social Security Number is not optional, it shall be used for NO other purpose than to make the process for conducting a background search and credit check more accurate. It shall not be sold, or in any way transferred to a third party except for the express purpose of conducting the background check.

I have read this Disclosure and by signing below, hereby authorize the Company to conduct a background check as described herein in conjunction with my application for ownership of a **Bounce 2 The Moon** franchise.

APPLICANT'S SIGNATURE _____ DATE _____

SPOUSE/PARTNER SIGNATURE _____ DATE _____