

# Big Chic Franchise Preliminary Application

(Please Type or Print)

## PERSONAL INFORMATION

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Residence Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ Marital Status: \_\_\_\_\_ Number and ages of children: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_

## EDUCATION

Institution: \_\_\_\_\_ Did You Graduate? \_\_\_\_\_ Date Graduated: \_\_\_\_\_

Degree \_\_\_\_\_ Other: \_\_\_\_\_

## BUSINESS EXPERIENCE

Current Employer: \_\_\_\_\_

Business Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ Type of Business: \_\_\_\_\_

Length of Employment: \_\_\_\_\_ Position: \_\_\_\_\_

Previous Employer: \_\_\_\_\_

Business Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ Type of Business: \_\_\_\_\_

Length of Employment: \_\_\_\_\_ Position: \_\_\_\_\_

Spouse's Employer: \_\_\_\_\_

Business Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ Type of Business: \_\_\_\_\_

Length of Employment: \_\_\_\_\_ Position: \_\_\_\_\_

Spouse's Previous Employer: \_\_\_\_\_

Business Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ Type of Business: \_\_\_\_\_

Length of Employment: \_\_\_\_\_ Position: \_\_\_\_\_

Memberships and Affiliations: \_\_\_\_\_

**FINANCIAL INFORMATION**

Approximate Income:\$ \_\_\_\_\_ Spouse's:\$ \_\_\_\_\_ Approximate Net Worth:  
\$ \_\_\_\_\_ Approximate Cash Available for Investment: \$ \_\_\_\_\_

I understand that any associates who join me in the ownership of the franchise must also complete a Preliminary Application. Please send forms to:

Name	Address	Phone
_____	_____	_____
_____	_____	_____

Do you presently: Own  or Rent  House  Condo  or Apt. ? Approx. Equity in Home: \_\_\_\_\_

Do you have a source of financing for this investment? Yes  No  Source(s): \_\_\_\_\_

My Primary Bank: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Person to Contact: \_\_\_\_\_

Additional Pertinent Information: (attach separate sheet, if necessary): \_\_\_\_\_

I understand that a more complete financial statement will be required prior to the sale of a Big Chic franchise.

**GENERAL INFORMATION**

By what date do you wish to open your franchise? \_\_\_\_\_ What City/Area(s)? \_\_\_\_\_

Are you willing to relocate? Yes No If yes, to what area(s)? \_\_\_\_\_

General remarks and/or questions: (attach separate sheet, if necessary) \_\_\_\_\_

I understand that your receipt of this data or any other information obligates neither me nor Big Chic Franchise, Inc. and that this information is confidential.

By: \_\_\_\_\_ Date: \_\_\_\_\_  
(Signature of Applicant)

Mail or Fax to: Big Chic Franchise, Inc. • Attn: Jennifer Smith  
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Fax: 1.706.846.0281 • bigchicfranchise.com