



US Franchising E C

CONFIDENTIAL FINANCIAL PROFILE

Please type or print clearly

PERSONAL INFORMATION:

Date _____ Social Security No. _____ Date of Birth _____ Male Female
 Full Name _____ U.S. Citizen Yes No
 Present Address
 Street _____ City _____ State _____ Zip _____
 Permanent Address
 Street _____ City _____ State _____ Zip _____
 Home Phone _____ Work Phone _____ Residence Own Rent
 Cell Phone _____ Home Fax _____ E-mail Address _____
 No. of Children _____ No. of Dependents Other Than Spouse/Children _____
 Single Divorced Separated Widowed Married - Spouse's Name _____

PERSONAL REFERENCES:

Name	Relationship & Years Known	Telephone No. w/Area Code

PRIOR EMPLOYMENT: List your last two employers (including self-employment) starting with the last one first:

Dates (mo/yr)	Name and Address	Salary	Position	Reason for Leaving
To _____ To _____	_____	_____	_____	_____
To _____ To _____	_____	_____	_____	_____

QUESTIONNAIRE:

- Describe your current occupation and duties: _____
- What is your preferred geographic market area(s)? (a) _____ or (b) _____
- What do you want to accomplish with/through this franchise? _____
- Are you interested in a single location or multiple locations? _____
 If multiple locations, how many? _____ What is your time frame for expansion? _____
- What is your current cost of living? _____
- Will this franchise be your only source of income? _____
- Will you manage your facility or will you hire a manager? _____

Complete the following or send personal and/or business financial statements:

ASSETS	VALUE	OWE	EQUITY
Home			
Real Estate			
Automobiles			
RVs/ Boats			
Notes Receivables			
Retirement Funds/ 401(k)			
Other			
CASH	AMOUNT	PLEGDED	NON-PLEGDED
Checking			
Savings			
CDs / IRAs / Other			
CREDIT CARDS	LIMIT	CHARGED	OPEN BALANCE
Master Card			
Visa			
American Express			
Loans			
Other:			
Totals			
TOTAL NET WORTH	\$ _____	- \$ _____	= \$ _____

The person(s) signing this application below certify that the above information is true and correct to the best of their knowledge. The undersigned authorizes US Franchising EC to make inquiries it considers necessary and appropriate concerning the above information and to give information about this transaction to other parties, including credit-reporting agencies, in accordance with the law. The undersigned agree to notify US Franchising EC of any material changes in the above stated financial condition.

DATE _____ SIGNATURE _____
DATE _____ SIGNATURE _____

STATEMENT OF NO ASSOCIATION TO TERRORISM

Neither the person(s) signing below as the prospective franchisee, nor anyone having an ownership or other interest in the prospective franchisee, nor any affiliate, parent, child or spouse of the prospective franchisee, supports terrorism, provides money or financial services to terrorists, or is engaged in terrorism, is on the current U.S. government list of organizations that support terrorism, nor has engaged in or been convicted of fraud, corruption, bribery, money laundering, narcotics trafficking or other crimes, and all are eligible under applicable U.S. immigration laws to travel to and from the United States for training. The undersigned hereby grants US Franchising EC and any of its affiliates permission to acquire credit, employment, and/or background checks in accordance with all laws for verification of the representations herein.

DATE _____ SIGNATURE _____
DATE _____ SIGNATURE _____

By Mail

Beauty Full Days
7699 Biscrayne Av
Miami, FL 33138

By Fax

Fax : 1 (305) 604 2551

By E-Mail

Print it, Scan it, and Send by email.
E-Mail address :
franchise@beautyfulldays.com