



Card Connection

PRIVATE & CONFIDENTIAL

We have a great deal of experience in helping prospective franchisees decide whether our franchise is suitable for them. Therefore, the more information you can give us about yourself, the better.

All information is treated in the strictest of confidence.

APPLICANT'S DETAILS

Full name _____

Address _____

Postcode _____

Years at this address _____ Owner/tenant/with parents/other? _____

Telephone (home) _____ (work) _____ (mobile) _____

E-mail _____ Marital Status _____

Number of children _____ Names & ages _____

EMPLOYMENT HISTORY

Please outline your employment history, starting with your current situation:

Dates	Employer (Name & Address)	Position	Salary

EDUCATION AND QUALIFICATIONS

HEALTH

Please give details of any major illnesses in the past five years

FRANCHISE APPLICATION FORM

If your partner or spouse will work with you in the business, please complete this section

SPOUSE/PARTNER'S DETAILS (if applicable)

NB: Where details are the same as the applicant's, write 'same'

Full name _____

Address _____

_____ Postcode _____

Years at this address _____ Owner/tenant/with parents/other? _____

Telephone (home) _____ (work) _____ (mobile) _____

E-mail _____ Marital Status _____

Number of children _____ Names & ages _____

EMPLOYMENT HISTORY

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EDUCATION AND QUALIFICATIONS

HEALTH

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WORKING RELATIONSHIP

Would your spouse/partner be involved in the franchise? If so, in what capacity?

FINANCIAL STATUS

It is important that we understand your financial situation. Please therefore provide as much information as clearly as possible.

If it is appropriate to provide spouse/partner's financial information separately please attach an additional sheet.

ASSETS		LIABILITIES	
	£		£
Home	_____	Mortgage	_____
Stocks & Shares	_____	Other loans	_____
Cash savings	_____	Credit cards	_____
Other (specify)	_____	Other (specify)	_____
	_____		_____
Total	_____	Total	_____

How do you propose to find the required capital? _____

YOUR INTEREST IN TAKING ON A FRANCHISE

Where did you hear about Card Connection? _____

Have you looked at other businesses? _____

What geographical areas are you interested in?

1 _____ 2 _____ 3 _____

Are there any factors which would prevent you from giving this franchise your full-time attention? _____

Please give details _____

Have you ever operated a business of your own? _____

Please give details _____

What skills or experience do you have that would help you to be successful? _____

OTHER INFORMATION

Have you ever been declared bankrupt? _____

Please give details _____

Have you ever had a County Court Judgement entered against you? _____

Please give details _____

Do you have a full, clean driving license? _____ If not, please state number of penalty points _____

Please use the space below to provide any other information that you think is relevant to your application for a Card Connection franchise

REFERENCES (These will only be taken up if proceeding)

Personal (NOT relatives) _____

_____ Telephone _____

Bank _____

Accountant _____

Solicitor _____

DECLARATION

I/We confirm that the information supplied above is accurate and true in every respect. I/We also confirm my/our understanding that any information supplied to me/us about the Card Connection franchise or about Card Connection is confidential and shall only be used by me/us and my/our advisors for the purpose of deciding upon taking a Card Connection franchise.

Applicant's signature _____ Date _____

Spouse/partner's signature (if applicable) _____ Date _____