



CONFIDENTIAL FRANCHISE APPLICATION

If you wish to be considered for a Snip-its franchise, please complete all the data requested on this application, sign the last page and return it to us. Completion of the application does not obligate you or The Snip-its Corporation in any way.

I. PERSONAL DATA

Your Name: _____ Social Security #: _____

Age: _____ Email: _____

Address: _____
Street City State Zip

Home Phone: _____ Best Time to Call: _____

Work Phone: _____ Best Time to Call: _____

Mobile Phone: _____ Best Time to Call: _____

Fax Number: _____

Spouse's Name: _____ Social Security #: _____

Number of Children: _____ Ages: _____

Education (check highest level of education):

Self: ___ Less than highschool ___ Highschool ___ College ___ Graduate Degree

College/Graduate School _____ Degree _____ Major _____

Spouse: ___ Less than highschool ___ Highschool ___ College ___ Graduate Degree

College/Graduate School _____ Degree _____ Major _____

Professional Affiliations: _____

II. BUSINESS EXPERIENCE

****Please attach current resume with three references.**

Have you ever owned your own business? _____

Have you investigated other franchise opportunities? _____

If so, what ones? _____

How did you hear about Snip-its' franchise program? _____

III. SNIP-ITS FRANCHISING PLANS

In what area would you like to locate your Snip-its franchise(s)?

1st Choice _____ 2nd Choice _____ 3rd Choice _____
(city/town, state) (city/town, state) (city/town, state)

Are you interested in owning multiple Snip-its salons? _____

If so, approximately how many? _____

When would you like to open your first franchise? _____

What are your reasons for owning your own business? _____

Why do you believe you can successfully operate a Snip-its franchise? _____

IV. FINANCIAL INFORMATION¹

Present current financial data (or attach current Financial Statement):

ASSETS		LIABILITIES	
Description	Value (\$)	Description	Value (\$)
Cash (Checking & Savings Accounts)		Vehicle Loans	
Marketable Securities		Real Estate Mortgage(s)	
Accounts, Notes Receivable		Credit Card Balances	
Retirement Plans, IRA, 401K		Accounts Payable	
Value of Pension & Profit Sharing		Taxes Payable	
Real Estate (Market Value)		Life Insurance Policy Loans	
Business Ownership		Other Liabilities (Itemize)	
Vehicles			
Insurance Cash Value			
Other Assets (Itemize)			
Total Assets		Total Liabilities	

NET WORTH (Assets-Liabilities):\$ _____

INCOME		EXPENSES	
Description	Amount (\$)	Description	Amount (\$)
Salary		Mortgage/Rent Payments	
Bonuses and Commissions		Vehicle Loan Payments	
Dividends and Interest		Education Expenses	
Real Estate Income (Net expenses)		Credit Card Expenses	
Business, Professional Income (Net expenses)		Living Expenses	
Insurance Premiums		Income Taxes	
Other Income (Itemize)		Property Taxes	
		Other Expenses (Itemize)	
Total Annual Income		Total Annual Expenses	

Financial Statement Notes: _____

¹ The Snip-its Corporation may require verification of this information prior to awarding a franchise.

The Snip-its Corporation
Confidential Franchise Application

Cash Available for Investment in this Business:

Do you plan to have a partner (other than your spouse)? _____

If so, will your partner be active? _____

Do you plan to have investors? _____ If so, to what extent? _____

Have you ever been involved in a personal or business bankruptcy? _____

Have you or your spouse ever been convicted of any crime? _____

Are you or your spouse part of any criminal investigation at this time? _____

Do you know anyone who may be interested in Snip-its franchise opportunity?

(Name)

(Address)

(Phone)

I certify that, to the best of my knowledge, the information contained herein is accurate and complete. The Snip-its Corporation is hereby authorized to investigate my background as it pertains to qualification and status. This may include investigations of past employment, references, education and information contained in public records including credit, criminal and motor vehicle data. I release all such persons and sources from any liability or damages from having furnished such information.

Signature of Applicant: _____ Date: _____

Submit your completed application to:

The Snip-its Corporation

ATTN: Franchising • 6409 City West Parkway • Eden Prairie, MN 55344

(877) SNIP-ITS (toll free) • Fax: (952) 288-2235 • www.snipits.com • inquiry@snipits.com