



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)?

1<sup>st</sup> Choice \_\_\_\_\_ 2<sup>nd</sup> Choice \_\_\_\_\_ 3<sup>rd</sup> 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 INFORMATION<sup>1</sup>**

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

<b>ASSETS</b>		<b>LIABILITIES</b>	
<u>Description</u>	<u>Value (\$)</u>	<u>Description</u>	<u>Value (\$)</u>
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)			
<b>Total Assets</b>		<b>Total Liabilities</b>	

NET WORTH (Assets-Liabilities):\$

<b>INCOME</b>		<b>EXPENSES</b>	
<u>Description</u>	<u>Amount (\$)</u>	<u>Description</u>	<u>Amount (\$)</u>
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)	
<b>Total Annual Income</b>		<b>Total Annual Expenses</b>	

Financial Statement Notes: \_\_\_\_\_

<sup>1</sup> 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 1085 Worcester Road • Natick, MA 01760

(877) SNIP-ITS (toll free) • Fax: (949) 606-8095 • www.snipits.com • inquiry@snipits.com