



Franchise Application

Completing this Franchise Application and faxing it to 229-242-3081 or mailing to 1587 Baytree Road Valdosta Ga 31602 is your next step in entering the exciting world of photography. This is a non-binding application and credit check approval; no money is required at this time. This is a preliminary application only, final approval for a franchise will only be made after personal meetings with individual applicants. Upon receipt of your application a representative of Kids Shots will contact you to discuss your application with you. Thank you for your interest in Kids Shots!

PERSONAL INFORMATION

How did you hear about Kids Shots? _____

Name: First _____ Middle Initial _____ Last _____

Address: (No PO Boxes Please) _____ City: _____ State: _____ Zip: _____

Home Phone: () _____ SS#: _____ Birthdate: _____

Fax Number: () _____ Email Address: _____

Are you presently, or have you ever been involved in a lawsuit? Yes _____ No _____

Have you ever been convicted of a felony? Yes _____ No _____ If so, when? _____

Have you ever filed for Bankruptcy? Yes _____ No _____ If so, when? _____

Do you own your own home? Own _____ Rent _____ How long at current address? _____

EDUCATION & EMPLOYMENT

Highest Level of Education: _____ Degree/Major: _____

Current Employer _____ Position: _____

Do you have any experience working in the photography industry? Yes _____ No _____

If so, please explain: _____

Employment History (Last three years – List most recent first)

<u>Company</u>	<u>Position</u>	<u>Type of Business</u>	<u>City & State</u>	<u>From/To</u>

BUSINESS & FINANCIAL INFORMATION

Have you previously owned a business? Yes _____ No _____ If so, please describe: _____

Will you operate your Kids Shots™ franchise: Full-Time _____ Part-Time _____

What equipment do you currently have? Computer _____ Fax Machine _____ Internet Account _____ Toll Free # _____

When do you plan to start-up your Kids Shots™ franchise? _____

Please list any other person(s) who will be assisting you with your new Kids Shots™ franchise:

<u>Name</u>	<u>Relationship</u>	<u>Attend Training?</u>	
_____	_____	Yes _____	No _____
_____	_____	Yes _____	No _____

Do you have the finances available to start-up and operate your Kids Shots™ franchise? Yes _____ No _____

If not, how much cash investment could you make at this time? _____

Your approximate financial net worth? _____

REFERENCES

Please list three references (No Relatives)

Name _____ Relationship _____ Telephone _____

Name _____ Relationship _____ Telephone _____

Name _____ Relationship _____ Telephone _____

APPLICATION & CREDIT CHECK AUTHORIZATION

I affirm that all the information supplied on this **non-binding** franchise application is true and correct to the best of my knowledge. I hereby authorize (YOUR COMPANY) to check references and conduct an initial credit check (such as financial institutions, credit bureaus and/or other sources) to verify the information provided in this application.

I understand that all information provided and contained in this non-binding application will be considered confidential and will be used solely by Kids Shots to evaluate my status for approval as a Kids Shots franchisee.

Signature: _____ Date: _____

Name (Please print clearly) _____

Office Use Only

Approved: _____ Denied: _____

Signature _____ Date _____

Comments: _____