



Request for Consideration

The information you furnish in this form is not binding and in no way obligates you or BareBones WorkWear® to purchase or sell a franchise. Its purpose is to provide pertinent information needed to evaluate you as an applicant.

The company will hold the answers supplied in this application in strict confidence. The information and references provided herein will not be verified without your written and/or oral authorization.

Please return your completed form by email to: mydream@BareBonesWorkWear.com or fax to: 916 737-5147

Applicant Information (Please print or type.)

Name: _____

Email Address: _____

Fax: _____

Street Address: _____

Do you: Rent Own

Current Occupation: _____

Education: _____

Have you ever been convicted of a felony offense? Yes No

Marital Status: Married Single Divorced Separated

Home Phone: _____

Cell Phone: _____

Other Phone: _____

City/State/Zip: _____

How long at this address? _____

How long in this occupation? _____

Date of Birth: _____

If married, will your spouse participate in the business? Yes No

Spouse/Partner Information

Name: _____

Current Occupation: _____

Annual Income: _____

Email Address: _____

How long in this occupation? _____

Business Experience/Employment History

From – To (Years)	Company/City	Position	Annual Income

Business/Management Goals & Objectives

Are your objectives to: Supplement Transition or Replace your current income Invest or Be actively involved

Specify the cities or areas and state you are interested in: _____

Why are you interested in the retail store industry? _____

How long have you seriously been looking at business opportunities? _____

What other types of businesses are you considering? _____

How did you hear about BareBones WorkWear®? _____

What specifically about the BareBones WorkWear® Franchise Program appeals to you? _____

On a scale of 1 - 10, with 10 being the highest, how committed are you to owning your own business? _____

What is your timeline for starting your own business? (In months) _____

Why do you believe you can successfully operate and manage a BareBones WorkWear® Franchise Store? _____

What would you consider to be your three greatest achievements? 1. _____

2. _____

3. _____

Financial Disclosure

This information serves only to show your ability to make the necessary investment to successfully capitalize your business.

Assets

Cash in Checking Account \$ _____
Cash in Savings Account \$ _____
Real Estate (Home Value) \$ _____
Other Real Estate \$ _____
Cash Surrender in Life Insurance \$ _____
Qualified Plan Assets:
 401K Assets \$ _____
 IRA Assets \$ _____
Other Assets \$ _____

Total Assets \$ _____

Liabilities

Notes Payable to Banks \$ _____
Notes Payable to Finance Companies \$ _____
Real Estate Mortgage Indebtedness \$ _____
Credit Cards \$ _____
Other Liabilities \$ _____

Total Liabilities \$ _____

Networth (total assets minus total liabilities) \$ _____

What amount of money do you feel comfortable investing? \$ _____

What is your liquid capital? \$ _____

Have you ever filed for bankruptcy? No Yes (If yes, please attach a letter of explanation.)

On a scale of 1 - 10, with 10 being the highest, how committed are you to moving forward with BareBones WorkWear Franchising? _____

Disclosure Statement

I understand the information I am receiving from BareBones WorkWear® or from a BareBones WorkWear® employee, agent, franchise, licensee or any of their affiliates is considered highly confidential. This material, concept and business model has been developed with a great deal of effort and expense to BareBones WorkWear® and is being made available to me because of my request and will be kept in strict confidence. I will not divulge or use any data, customer or employee names, addresses, techniques, methods, advertising materials, forms or any other information of any kind used in connection with BareBones WorkWear® without their consent.

Signature

Print Name

Date

Thank you for your request. Please return your completed form by email to: mydream@BareBonesWorkWear.com or fax to: 916 737-5147