Franchise Application

THE JOINT®

Date: _____

Please Fax Application To:
The Joint Corp
(480) 513.7989

Please be sure to fill out all information to help expedite the application process.

Personal Data

Name (full legal) _____ Wk: ( ) -

Residence Address _____ Hm: ( ) -

City, State & Zip Code _____ Email: _____

DOB _____ Place of Birth: _____ Marital Status: _____

Are you a US Citizen? O yes O no

If No, what country? _____

Experience

Are you currently employed? O yes O no

If Yes, what is your occupation? _____

Have you ever owned your own business? O yes O no

If Yes, what was/is the type of business? _____

Timing & Decision Making

When would you like to open your business?

_____

How long have you been looking for your own business?

_____

Where would you like to open your business?

_____

When and where from did you graduate?

_____

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Completing this form does not obligate you or us in any way. It merely is intended to provide information on which to base preliminary discussions. All information will be kept strictly confidential. If an existing corporation, or other business entity, please include most recent 12 month Profit and Loss Statement and Balance Sheet.

Assets

Cash (under mattress and in bank)	_____
Savings Accounts	_____
Investment Accounts	_____
IRA or Other Retirement Account	_____
Life Insurance - Cash Surrender Value Only	_____
Accounts and Notes Receivable	_____
Real Estate	_____
Automobile Present Value	_____
Other Personal Property	_____
Other Assets	_____
Total Assets	_____

Liabilities

Accounts Payable	_____
Notes - Payable Business Related	_____
Notes - Payable Automobiles	_____
Notes - Payable Other	_____
Lines of Credit (including credit cards)	_____
Loan on Life Insurance	_____
Mortgages on Real Estate	_____
Unpaid Taxes	_____
Other Liabilities	_____
Total Liabilities	_____

Sources of Income

Salary	_____
Net Investment Income	_____
Real Estate Income	_____
Other Income (describe below)	_____
Total Income	_____

As Endorser or Co-Maker	_____
Legal Claims or Judgments	_____
Provisions for Federal Income Tax	_____
Other Special Debt	_____
Total Contingent Liabilities	_____

Description of Other Income in this section _____

How much capital are you willing to invest? _____

Will you need financing? O yes O no

Comments

_____

_____

_____

_____

I authorize The Joint Corp. to make inquiries as necessary to verify the accuracy of the statements made and to determine my credit worthiness. I certify that the above information and the statements contained in the attachments are true and accurate as of the stated date(s). I understand that FALSE statements may result in forfeiture of any position obtained in the process of acquiring a The Joint Franchise and may eliminate any chances of obtaining a The Joint Franchise (or its affiliates) in the future.

Signature _____ Date _____

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