



FRANCHISE APPLICATION

(Complete in Full, Please Print or Type Clearly)

Date: _____

Referred By: _____

Citizen of the U.S.: Yes No

Name: _____

Social Security #: _____

Date of Birth: _____

Spouse's Name: _____

Social Security #: _____

Date of Birth: _____

Telephone: (Home) _____

(Work) _____

Present Address: _____

County: _____

City: _____ State: _____ Zip: _____ How Long? _____

Previous Address: _____

City: _____ State: _____ Zip: _____ How Long? _____

EDUCATIONAL BACKGROUND

Schools Attended	Years	Grade or Degree Attained
_____	_____	_____
_____	_____	_____
_____	_____	_____

EDUCATIONAL BACKGROUND

Self Employed

Employed By: _____ No. Years: _____

Address: _____

City, State & Zip: _____

Phone Number: _____ Position: _____

May we contact you at work? Yes No

Previous Employer or Business: _____ No. Years: _____

Address: _____

City, State & Zip: _____

Phone Number: _____ Position: _____

PERSONAL INFORMATION

Income from present occupation: \$ _____ per year. Other income: \$ _____ per year.

If other income, explain: _____

Personal Bank(s)

Name	Branch	Address	City & State
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Name	REFERENCES (excluding relatives) Address	Telephone #
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Have you ever been convicted of a felony? Yes No

SPECIFIC DATA

Estimated minimum income required for your current living expenses: \$ _____

Would this business be your sole source of income? _____

Own Home or Rent? _____ If own, Current Value: \$ _____ Mortgage: \$ _____

Your Total Assets: \$ _____ Your Total Liabilities: \$ _____ Your Net Worth: \$ _____

Amount of Cash Available for Investment: \$ _____ Do you have a Financing Source? Yes No

Amount of Financing Available: \$ _____

If qualified, when would you be ready to invest in your Wild Wings'n Things Franchise? _____

Location Preference: _____

Do you intend to run this business yourself? _____

If not, who will be responsible for the daily operation of your unit? _____

If other individuals will be involved with you, list names and addresses below. (If names are to be included on the Franchise Agreement, please have these individuals fill out a separate application.)

I hereby acknowledge that information provided in this application is true, correct, and complete to the best of my knowledge. If you decide to engage an investigative consumer reporting agency to report on my credit and personal history I authorize you to do so. If a report is obtained, you must provide at my request, the name of the agency so I may obtain from them the nature and substance of the information contained in the report.

Signature

Date