PANIQESCAPEROOM.COM



FRANCHISE APPLICATION FORM

APPLICANT'S NAME:

DATE: _____

This form will help you prepare and present your personal and business information. Submitting this application does not obligate the applicant to purchase a franchise or for the Franchisor to sell a franchise to the applicant.



Last Name	First Name Middle Name		•	Application Date			
Date of Birth	Social Security Number		Marital Status	Nar	ne & Occup	ation of Spouse	
	Not Needed At This Stage. Leave Blank						
Contact Information	Home Phone		Cell Phone		Email		
Contact mormation							
	Street		City	State	zip	How Long	
Current Address							
Previous	Previous Address		Credit Score/Date Checked		If you have not checked your credit score in the last 6 months,		
			c		you can	you can obtain a free report online.	
	Name of Schoo	bl	Years Grade or degree obtai		pree obtained		
			-				
Education			-				
			-				
			-				
Have you ever been convicted of a felony, misdemeanor or DUI?		If yes please explain:					
Yes	No						
Are you a defendant in any lawsuit or legal action?		If yes, please explain:					
Yes	No						
	Employed By	F	Position	Years e	mployed	Phone	
Employment							
(We will not contact your employer without your permission)							





FINANCIAL INFORMATION

Your annual income	Spouse's Annual Income	Other Income	Would this business be your sole source of Income?		
Liquid Capital Available (min. \$50,000)	Are you able to obtain financing for the remainder and if yes how?				
Ever owned your own business?	If yes, please explain				

APPLICANT'S PLANS

Who is going to own the franchise?	Your desired territory (Please include county and zip)					
	Choice 1	Choice 2	Choice 3			
If approved, when will you be ready to execute Franchise Agreement? (must provide date)		If approved, when will you be ready to open your store? (must provide date)				
Please explain your goals and objective for this business						

REFERENCES

Name	Relationship to you	Phone





Our franchise appreciates the time and effort you have put into the completion of this form and welcomes applications from all sectors of the community. Upon completion of this form, please submit back via e-mail to franchise@paniqroom.com

Please sign below to indicate that the facts you have given are true to the best of your knowledge and belief and may be used by the franchisor to assess your application and carry out such checks as are required to verify your information and your suitability as an extended franchisee.

You agree that you will notify PanIQ Room of any material changes to this information in writing and understand that omission or misrepresentation of information in this form may result in your removal of obtaining any franchise.

Thank You
The Franchise Team

I certify that the information provided above is true and accurate

NAME:			
SIGNATURE: _			

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