

**HAZUKIDO****FRANCHISE APPLICATION**

<b>APPLICANT INFORMATION</b>			
Applicant First Name		Last Name	Citizenship
Date of Birth (mm/dd/yyyy)		Social Insurance No.	
Address	Street		Unit/Apt.
	City	Province	Postal Code
Tel (Cell)		Tel (Business)	
Spouse's Name		Tel	
Number of Dependents			
<b>EMPLOYMENT</b>			
Present Employer		Position	
Business Address	Street		Unit/Apt.
	City	Province	Postal Code
Since (mm/yy)			
Previous Employer		Position	
Business Address	Street		Unit/Apt.
	City	Province	Postal Code
From (mm/yy)		To (mm/yy)	
Reason of Quit			

**EDUCATION**

High School	Year Completed
College/University	Year Completed
Other	

**BUSINESS REFERENCES**

1st Person	Name and Position
	Company
	Address
	Tel
2nd Person	Name and Position
	Company
	Address
	Tel

**PERSONAL REFERENCES**

1st Person	Name and Position
	Company
	Address
	Tel
2nd Person	Name and Position
	Company
	Address
	Tel

## STATEMENT OF NET WORTH

ASSETS	LIABILITIES
Cash	Notes Payable
Notes/Accounts Due	Notes/Accounts Due
Real Estate	Loans on Life Insurance Policies
Cash Surrender Value of Insurance (Not Face Value)	Unpaid Taxes
Stocks, Bonds, etc.	Loans from Other Sources
Automobiles	Other
Misc	Other
<b>TOTAL ASSETS</b>	<b>TOTAL LIABILITIES</b>
<b>NET WORTH = TOTAL ASSETS - TOTAL LIABILITIES</b>	<b>NET WORTH</b>
Assets are held jointly with spouse      YES <input type="checkbox"/> NO <input type="checkbox"/>	
Details of any judgments against you and any pending litigation (or N/A)	
Unencumbered cash and working capital available for use in a franchise business	
How do you anticipate financing the balance of the total initial investment?	

**GENERAL**

Why are you interested in becoming a HAZUKIDO franchisee?

Have you ever been or are you currently a franchisee of another brand? YES  NO

If YES, please provide details on the brand, number of units owned, and timeframe

Will you have a partner? YES  NO

Name of Partner

Will he/she be active? YES  NO

What are your choices of Location?

1st

2nd

3rd

I certify that the information in this Franchise Application is true and accurate to the best of my knowledge. I understand that submitting the information in this Franchise Application does not obligate either of the parties to purchase or sell a franchise, nor does it in any way constitute an agreement or commitment upon either party.

I authorize all credit rating agencies, and the reference named above, to release to MF MASTER INC. all information (including personal and financial information) known to them about me. I authorize MF MASTER INC. to maintain indefinitely this Franchise Application and all information about me that it may receive.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Print Name \_\_\_\_\_