



Belly Button Maternity & Baby Couture

FRANCHISE APPLICATION FORM

To protect your investment, Belly Button Maternity & Baby Couture evaluates all prospects.

Please complete this form as the next step in your research.

Your information will be held in the strictest confidence and neither party will be under any obligation.

This is not a contract. Please print or type.

REQUIREMENTS FOR INTERNATIONAL MASTER FRANCHISES:

**MUST HAVE PREVIOUS FRANCHISING EXPERIENCE AND/OR EXPERIENCE BUILDING & RUNNING A BUSINESS.
LIQUIDITY OF \$250,000 USD.**

PERSONAL DATA

Company Name: _____
Surname: _____ First Name: _____
Date of Birth: _____ Marital Status: _____
Number of Children: _____ Total Dependants: _____
Home Address: _____ Years there: _____
City: _____ Country: _____ ZipCode: _____
Tel. # Home: _____ Tel. # Office: _____ Fax #: _____
E-Mail: _____ Mobile #: _____

EDUCATION

HighSchool: _____
University/College: _____
Degrees: _____

Trainings: _____

Others: _____

BUSINESS EXPERIENCE

Present occupation: _____
Company: _____
Address: _____
Salary: _____
Duties: _____

Are you now self employed? YES NO

If Yes, please complete the following:

Firm: _____ Phone#: _____

Type of business: _____ Years in Business: _____

Your Title: _____ Yearly Sales: _____ Salary: _____

PREVIOUS BUSINESS EXPERIENCE

Position	Company	Location	Phone	Contact

FINANCIAL

Assets:	_____	Liabilities:	_____
Cash Available:	_____	unpaid taxes:	_____
Stocks, Bonds & Securities:	_____	loans:	_____
Accts, Notes recievable:	_____	other bank loans:	_____
Mortgage recievable:	_____	Mortgage loan:	_____
Business Accounts:	_____	Other Liabilities:	_____
Retirement holdings:	_____	Others:	_____
Other financial sources:	_____		_____
Other assets:	_____		_____
TOTAL:	_____	TOTAL:	_____

Describe real estate: _____
Describe security: _____
Mortgage payment: monthly: _____
Financial Loan payments: _____

Name of Bank/Finance Company/Credit Card Holder

Name	Address	Phone	Contact

ABOUT YOU

From what source did you learn about Belly Button Maternity & Baby Couture?

Franchise or territory applied for? _____
What is your timeframe for establishing a franchise business? _____
Are you looking for Master Franchising or Single franchise? _____
How many franchise units do you or your company wish to own? _____
Have you submitted a resume or company profile with this application? _____
Will you have partners? Please submit separate Application for each partner. _____
Have you or your spouse ever been convicted of something other than a minor traffic violation? _____

Have you or your spouse ever declared bankruptcy? _____

Please provide any additional information that would be helpful in evaluating your potential as a franchise operator:

The undersigned hereby declare that all the information provided herein is to the best of my knowledge true, complete and correct and understand it may be used to determine credit worthiness. The undersigned further CONSENT (s) to making any inquiries it deems necessary on this application, and CONSENT (s) to the disclosure at any time of any credit information about me/us to any credit reporting agency.

Applicant Name: _____ Applicant Signature: _____ Date: _____

Submit to: Belly Button Couture **Fax:** 00961-1-784123 or **email:** bellybuttonmaternity@gmail.com
Thank you.