

# FRANCHISE APPLICATION

Completion of this application does not obligate you or Window Genie in any way. The information provided will be kept strictly confidential.

If you wish to be considered for a Window Genie franchise, please complete all the data requested in this application, sign on the last page and return to us. Completion of the application does not obligate you or Window Genie in any way.

## I. Personal Data

Your Name: \_\_\_\_\_ Age: \_\_\_\_\_  
Spouse's Name: \_\_\_\_\_ Age: \_\_\_\_\_  
Home Address: \_\_\_\_\_ How Long: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Best Time to Call: \_\_\_\_\_  
Work Phone: \_\_\_\_\_ Best Time to Call: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_  
Do you own a computer? \_\_\_\_\_  
Number of Children/Dependents: \_\_\_\_\_  
Education (Circle highest level completed)  
Self 8 9 10 11 12 College: \_\_\_\_\_ Degree: \_\_\_\_\_ Major: \_\_\_\_\_  
Spouse 8 9 10 11 12 College: \_\_\_\_\_ Degree: \_\_\_\_\_ Major: \_\_\_\_\_

## Professional Affiliations:

Character References (2 business, 2 personal, excluding relatives and employees)

	Name	Phone	Years Acquainted	Personal/Business
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____

## II. Employment and Business Data

Employment records (resumes may also be attached):

Self: _____	Spouse: _____
Firm: _____	Firm: _____
Position/Title: _____	Position/Title: _____
Present Salary: _____	Present Salary: _____
Start Date: _____	Start Date: _____
Description of Work: _____	Description of Work: _____

Your Previous Business Experience (list in order)

Firm	From/To	Position	Income
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____

How long have you been looking for a business? \_\_\_\_\_

What other businesses have you investigated? \_\_\_\_\_

How did you hear about our franchise? \_\_\_\_\_

Will your spouse actively work the business with you? Full Time \_\_\_\_\_ Part Time \_\_\_\_\_ No \_\_\_\_\_

### III. Financial Data

Present Financial Status (or attach a current financial statement):

Assets		Liabilities	
Cash on Hand & in Banks	\$ _____	Notes Payable	\$ _____
Savings Funds/Certificates	\$ _____	Revolving A/C Balance	\$ _____
Stocks, Bonds & Securities	\$ _____	Charge Card Balance	\$ _____
Retirement Plans, IRA, 401K	\$ _____	Home Mortgage	\$ _____
Home Market Value	\$ _____	Other Real Estate Debt	\$ _____
Other Real Estate (Market Value)	\$ _____	Auto Loans	\$ _____
Autos (Market Value)	\$ _____	Other Debts (Describe)	_____
Insurance Cash Value	\$ _____		\$ _____
Money Due you	\$ _____		\$ _____
Personal Property	\$ _____		\$ _____
Other Assets (Describe)	\$ _____		\$ _____
	\$ _____		\$ _____
Total Assets	\$ _____	Total Liabilities	\$ _____
Net Worth	\$ _____		

Financial Statement Notes:

Cash available for investment in this business: \$ \_\_\_\_\_

If Additional funds are required for this business, are they available to you?

Explain:

Do you plan to have a partner? \_\_\_\_\_ If so, will the partner be active? \_\_\_\_\_

Do you plan to have investors? \_\_\_\_\_ If so, to what extent? \_\_\_\_\_

Have you ever been involved in a personal or business bankruptcy?

Are you or your spouse part of any criminal investigation at this time? \_\_\_\_\_  
 Have you or your spouse ever been convicted of any crime? \_\_\_\_\_  
 Are there currently any civil judgments against you or your spouse? \_\_\_\_\_  
 Are there currently any civit suits pending against you or your spouse? \_\_\_\_\_  
 Do you have sources of income other than salary? \_\_\_\_\_ Source and Amount \_\_\_\_\_  
 Your monthly expenses      Home \$ \_\_\_\_\_ Auto \$ \_\_\_\_\_ Living \$ \_\_\_\_\_  
    Other \$ \_\_\_\_\_ Total Monthly expenses \$ \_\_\_\_\_

If you become a Window Genie franchisee, which requires a \$25,000 to 40,000 investment for your business package and franchise fee, will you use:  
 Your own funds \_\_\_\_\_ Loans \_\_\_\_\_ Type of Loan \_\_\_\_\_  
 How do you rate your sales ability or interest?  
 Very weak \_\_\_\_\_ Weak \_\_\_\_\_ Average \_\_\_\_\_ Strong \_\_\_\_\_ Very Strong \_\_\_\_\_  
 Activities, hobbies, interests: \_\_\_\_\_

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**IV. Future Plans**

What territory are you seeking?      100,000      175,000      250,000  
 Area Preferred (city, county, state)  
 1. \_\_\_\_\_ 2. \_\_\_\_\_  
 3. \_\_\_\_\_

When would you be available to begin operating your business? \_\_\_\_\_  
 How long could you support yourself without taking a salary from your business? \_\_\_\_\_  
 What is your income goal for your first year in business \$ \_\_\_\_\_ 2<sup>nd</sup> year \_\_\_\_\_  
 What are your reasons for going into your own business?  
 1. \_\_\_\_\_  
 2. \_\_\_\_\_  
 3. \_\_\_\_\_

What are some of the major questions you have concerning owning your own business?  
 1. \_\_\_\_\_  
 2. \_\_\_\_\_  
 3. \_\_\_\_\_

What skills and experience do you have that would give you the ability to be a success in this business?

Comments:

I certify that, to the best of my knowledge, the information contained herein is accurate and complete. Window Genie is hereby authorized to investigate my background as it pertains to qualifications and status. This may include investigations of past employment, references, education and information contained in public records including credit, criminal and motor vehicle data. I release all such persons and sources from any liability or damages from having furnished such information.

To verify records, please provide the following information:

Your Signature: \_\_\_\_\_ Date \_\_\_\_\_  
Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Spouse's signature \_\_\_\_\_ Date \_\_\_\_\_  
Spouse's Social Security No. \_\_\_\_\_ Date of Birth \_\_\_\_\_

Submit your completed franchise application to:

Window Genie-Corporate Headquarters  
4686 Mission Lane  
Cincinnati OH 45223  
800.700.0022  
Fax 513.482.3400



We Clean Windows and a Whole Lot More!