



We Clean Windows and a Whole Lot More!

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, 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: _____

IV. Future Plans

What territory are you seeking?

How many total households? _____

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 \$ _____ 2nd 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



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