



Franchise

Application Form

Applicant's Name_____

Date_____

Thank you for considering Smash Therapy LLC. This form will help you prepare and present your personal and business information which is essential for our consideration in granting Licenses. Please complete it thoroughly and note that the completion of this application form places no continuing obligation on either you and or Smash Therapy LLC.

Title (Dr/ Mr/ Ms/Mrs)_____

Full Name_____

Address_____

Telephone/Cell Number_____

Email_____

Date of Birth ____/____/____

Gender ____M____F____

Drivers License Number_____

Social Security Number_____

Professional Experience

Present

Employer_____City/State_____

Nature of Business_____Start Date_____

Position_____Salary_____

Name of Supervisor_____Title_____

Previous

Employer_____City/State_____

Nature of Business_____Start/End Date_____

Position_____Salary_____

Name of Supervisor_____Title_____

Location Preferences (if accepted)

1) City_____State_____

2) City_____State_____

3) City_____State_____

General Questions

Why are you interested in being a Rage Room Business Owner and what made you choose Smash Therapy?

Do you have a support system? (Family, Friends, etc.) How are they supportive to your decision to be a Smash Therapy operator?

According to you, what is your role as a Franchise owner?

Do you think you have the personality required to be self-employed? Explain

What is your response to stress/pressure/and seemingly initial failure?

Will you be able to manage your employees? If so, how will you proceed?

What are your goals with this project?

Short term

Mid-term

Long Term

Investment Structure

Private

Spouse

Investor

Group

Friend

Other

Details_____

—

Will your partners be active in this business?

Yes No

Will they be working part/full time?

Full time Part time

What level of income to you expect/ require to draw from this business this year?

Credit Referral
(Credit card or past Creditors)

1)_____

2)_____

3)_____

Bank Name_____

Account Number_____

Store_____

Address_____

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Monthly Income

Salary_____ Spouse_____ Other_____

Total_____

Monthly Current Payments

Mortgage(s)_____

Credit Card(s)_____

Loan Payment(s) _____
Other _____
Total _____

Financial Statement

Please do not combine (if applicable) non- spousal partner's information

Assets \$\$

Cash on hand _____
Securities (mutual, stocks, etc.) _____
Home (market value) _____
Other Real/Estate _____
Personal Property _____
Business Interests _____
Other Assets _____
Total Assets _____

Liabilities \$\$

Mortgages/ Home _____
Mortgages/ Other _____
Notes Payable _____
Credit Cards _____
Operating Line _____
Other Liabilities _____
Total Liabilities _____

Networth (total assets- total liabilities) _____

ACKNOWLEDGEMENT AND CONSENT

The undersigned acknowledges that the statements and information made in the attached FRANCHISE APPLICATION FORM fully and truthfully set forth the true and accurate personal information and financial conditions of the applicants as of the date hereof. The undersigned further acknowledges that for the purposes of determining whether or not the undersigned would be a suitable Smash Therapy franchisee, an investigation may be made with respect to the information above, as well as further information with respect to the undersigned's financial status, litigation history, criminal record history, educational credentials, employment history, driving record, character and general reputation, personal characteristics and mode of living. The undersigned hereby consents to Smash Therapy or its agents collecting and retaining such information and conducting further investigations with respect to such information. The undersigned can access his file and make changes to his information by submitting a written request to Smash Therapy.

Date_____/_____/_____

Print Name_____

Applicant Signature_____