



Request for Consideration

Thank you for your interest in our franchise! The purpose of this form is to help us evaluate your qualifications as a potential Glamour Shots® franchisee. Any information you provide will be kept strictly confidential. The submission of this form does not obligate you or Glamour Shots® in any way. This document is not a solicitation or an offer to sell a franchise and is intended for informational purposes only.

PLEASE PRINT OR TYPE

PERSONAL INFORMATION

If more than one person is to be involved, please provide us information on all interested parties.

Name: _____

Name: _____

Home address: _____

City, State, Zip Code: _____

Years at this address: _____ Do you own your own home?: _____

Social Security Number(s): _____ Date of Birth: _____

Residence phone: _____ Business phone: _____

Cell phone: _____ Email address: _____

Marital Status: _____ Spouse Name: _____

Number of Dependents: _____ Ages: _____

Previous address (if less than two yrs. at current address): _____

City, State Zip Code: _____ Years at that address: _____

Education/Degree (highest level attained): _____

Other Certifications, Special Schooling, Training: _____

BUSINESS EXPERIENCE

Present Employer: _____

Address: _____

Title/Duties & Responsibilities: _____

Dates Employed: _____ Salary: _____

Previous Employer: _____

Address: _____

Title/Duties & Responsibilities: _____

Dates Employed: _____ Salary: _____

Have you ever owned your own business? YES _____ NO _____

If yes, what type: _____

Other Business Affiliations (Officer, Director, Partner, etc.) _____

Have you ever worked in a Glamour Shots® store? _____

If so, please provide details of your employment: _____

BUSINESS AND MANAGEMENT GOALS:

Do you plan to devote full time to this business? YES _____ NO _____

Will you spouse be active in the franchise? YES _____ NO _____

Do you plan to have equity partners? YES _____ NO _____

If yes, identify all partners:

NAME	ADDRESS	PHONE	ACTIVE IN FRANCHISE?
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

PERSONAL REFERENCES

Name: _____ Relationship: _____

Address: _____

Phone: _____ Email: _____

Occupation: _____

Name: _____ Relationship: _____

Address: _____

Phone: _____ Email: _____

Occupation: _____

OTHER INFORMATION

How did you become aware of this franchise? How did you become interested in Glamour Shots®?

Why do you believe you can successfully operate a Glamour Shots® franchise? _____

How much capital are you prepared to invest? _____

Do you have a source of financing? _____ Source? _____

Type of entity you plan to operate as a Franchisee:

Partnership _____ Corporation _____ LLC _____ Sole Proprietorship _____

In what area or city would you like to establish a Glamour Shots® store? _____

FINANCIAL INFORMATION

Name: _____

I(we) make the following statement of all my (our) assets and liabilities as of the _____ day of _____, 200____.

PLEASE ATTACH YOUR OWN FINANCIAL STATEMENT OR COMPLETE THIS FORM

ASSETS

LIABILITIES

CASH	\$ _____	NOTES PAYABLE TO BANKS	\$ _____
ACCTS & LOANS REC.	\$ _____	NOTES PAYABLE TO OTHERS	\$ _____
LIFE INSURANCE	\$ _____	LOANS AGAINST LIFE INSURANCE	\$ _____
STOCKS & BONDS	\$ _____	ACCOUNTS PAYABLE	\$ _____
REAL ESTATE	\$ _____	MORTGAGE PYBL, REAL ESTATE	\$ _____
AUTOMOBILES	\$ _____	OWED ON CREDIT CARDS	\$ _____
OTHER ASSETS	\$ _____	OTHER LIABILITIES	\$ _____
TOTAL ASSETS	\$ _____	TOTAL LIABILITIES	\$ _____

NET WORTH
(Assets less Liabilities) \$ _____

DETAIL OF ASSETS AND LIABILITIES

CASH/BANK ACCOUNTS:
Name and Location of Bank

Acct. Number

Balance

OTHER ASSETS
Type of Assets

Value

:

NOTES/LOANS PAYABLE:

Payable to Whom	Balance Due	Monthly Payment	Date of Payoff
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

OTHER LIABILITIES

Type	Amount	Date Due
_____	_____	_____
_____	_____	_____
_____	_____	_____

Monthly Income:

Salary:	\$ _____
Bonus/Commissions:	\$ _____
Dividend5s/Interest:	\$ _____
Real Estate:	\$ _____
Alimony:	\$ _____
Other_____:	\$ _____
TOTAL MONTHLY INCOME	\$ _____

Signature: _____ Date: _____

Signature: _____ Date: _____

Please return to: Michelle Chilton
Glamour Shots Licensing, Inc.
1300 Metropolitan Avenue
Oklahoma City, OK 73108
405-947-8747