



APPLICATION

ALL INFORMATION WILL BE KEPT CONFIDENTIAL

The completion of this form is a necessary step in our review process. You will be contacted promptly upon our receipt of this form.

PERSONAL DATA

Name in Full (First) _____ (Middle) _____ (Last) _____ (Nickname) _____ (Social Security #) _____
 Home Address (Street) _____ (City) _____ (State) _____ (Zip Code) _____ (County) _____
 Date of Birth _____ Place of Birth _____ U.S. Citizen: ____ Yes ____ No
 Home Telephone _____ Business Telephone _____ E-mail _____
 Marital Status _____ Name of Spouse _____ Children's Ages _____
 Spouse Employed: ____ Yes ____ No If yes, Name and Address of Employer _____

INTERESTS

Hobbies, sports and recreational interests: _____

What civic, social, scholastic or fraternal organizations do you belong to? _____

RECORD OF EDUCATION

Type	School	Course of Study	Years Attended From	To	Year Completed	Did You Graduate?	Diploma or Degree
High School	Name						
	City & State						
College	Name						
	City & State						
Other	Name						
	City & State						

EMPLOYMENT HISTORY List all information regarding present and past employment

Employer	Address	Position	Employment Dates	Annual Income
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

PERSONAL FINANCIAL STATEMENT

ASSETS	
Cash (Checking Accounts)	\$
Cash (Savings Accounts)	
Loans Receivable	
Life Insurance – Cash Surrender Value	
Real Estate – Residence (Current Value)	
Real Estate – Investment (Current Value)	
Stocks, Bonds and Securities	
Mortgages Owned	
Automobile(s)	
Other Assets (Itemize)	
Total Assets	\$

LIABILITIES	
Notes Payable to Banks – Unsecured	\$
Notes Payable to Banks – Secured	
Accounts Payable	
Loans Against Life Insurance	
Real Estate Mortgages Payable – Residence	
Real Estate Mortgages Payable – Investment	
Brokers Margin Accounts	
Other Liabilities (Itemize)	
Total Liabilities	\$
Total Assets	
(Less) Total Liabilities	
= Net Worth	\$

SOURCES OF INCOME	
Salary	\$
Bonus and Commissions	
Dividends	
Real Estate Income	
Other Income (Itemize)	
Total	\$

PERSONAL BANK ACCOUNTS	
Name of Bank	_____
Address	_____

Name of Bank	_____
Address	_____

Yes No

Are there any unsatisfied judgments or legal actions pending against you? _____

Have you pledged, assigned or transferred title to any of the assets listed in the personal statement? _____

Have you ever been bonded? _____

Yes No

Have you ever gone through bankruptcy, or made a general assignment? _____

Do you have any contingent liabilities as co-maker, guarantor, lessee, mortgagee, on contracts or for tax claims? _____

If bonded, which jobs? _____

If you answered "yes" to any of the above questions, please explain: _____

GENERAL

What attracts you to MixStirs? _____

What additional information or questions do you have with reference to our program?

- 1. _____
- 2. _____
- 3. _____

Have you ever owned a business? _____

If yes, what type? _____

Who else do you see being involved in your business? _____

If accepted, when would you like to begin your operations? _____

In what city would you like to establish your business?

1st Choice _____ 2nd Choice _____

Outline briefly any work or personal experience that you feel would benefit you as a

MixStirs Franchise owner: _____

Do you plan to devote your full time to this business venture? Yes _____ No _____

Are you interested in single or multiple locations? _____

Will this franchise be your primary source of income? Yes _____ No _____

Do you intend to run this business yourself? Yes _____ No _____

If not, who will run the business? _____

I understand that this application is not a contract and does not create any obligations on the part of MixStirs or myself. Employers supplied by me in this application will not be contacted until such time as an agreement is executed between MixStirs and the applicant. Applicant agrees to allow MixSmoothie LLC to perform a credit and background check prior to approval of franchise. Applicant certifies that the information provided in this application is true and correct and has not been misrepresented in any way.

Signature of Applicant *Date*

THIS APPLICATION DOES NOT OBLIGATE EITHER PARTY IN ANY MATTER

Fax this form to 516-908-4593 for quicker response or mail to:

MixSmoothie LLC Franchise Department
1225 Franklin Ave, Suite 325
Garden City, NY 11530

If you have any questions about this application please call 1-866-999-2410