



(2) 0800 101 216





278 Kahikatea Drive, Frankton (Head office)

FRANCHISE APPLICATION FORM

Personal Details

Company name (if applicable)

	T						
Applicants Name							
Address:							
How long have you	lived at this	addraca?					
If less than 3 years,	please supp	oly previous	address:				
Phone Numbers:	(Mobile)				(Other)		
Email Address:							
	4.						
Personal Info	ormatio	n					
A	T			Health:	Good	Fair	Poor
Age						Fall	FUUI
Marital Status				Partners I	Name:		
Partners Age			Number	& Ages of C	hildren		
Will your partner be	active in ru	nning the bu	 usiness?				
Describe any physic	nal disabiliti	os or limitat	ione				
Describe any physic	zai uisabiiitii	es or illillial	10115				
Have you ever been	convicted o	of anything of	other than a	minor traffi	ic incident?		
If yes, lease give de	talis:						
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Education

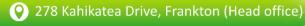
Level of last year studies completed	
Name of last place of learning	
Personal Qualifications	
Describe any formal training	
Personal Skills	
Please list below any further skills yo	believe would support your application
Business Experience / I	Employment History
-	
Describe responsibilities, duties etc.	
	business experience (last 5 years – most recent first)
Name of Firm	
Address	
Type of business	Position Held
Date commenced	Date finished
Duties	Achievements





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Previous employmen	t / business experience (continued)
Name of Firm	
Address	
Type of business	Position Held
Date commenced	Date finished
Duties	Achievements
Reason for leaving	
(Attach additional sheet if required)	
General Information Will you devote your full time to the state how you proposed to the state h	
Are you considering a partner (s)	If yes, additional questionnaires must be completed by the partner(s)
Why are you seeking a business?	
	<u> </u>
What level of income do you initia	Ily want to achieve per week from your business?
Have you ever been declared ban	crupt?

Is any legal action current or pending against you or any company associated with you?

When did you start looking for a business?

What else have you looked at?



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Present Income (per year)

Wages or Salary	\$
Bonus or Commissions	\$
Dividends	\$
Other Income	\$
TOTAL	\$

Present Fixed Outgoings (per year)

Mortgage / Rent	\$
Other Loan Payments (vehicle etc.)	\$
Other	\$
TOTAL	\$

Assets & Liabilities as at: / /20

Assets	Liabilities		
Cash in bank/term deposits	\$ Bank overdraft	\$	
Securities / shares / bonds	\$ Mortgages	\$	
Real Estate	\$ Hire Purchase	\$	
Business	\$ Trade Creditors	\$	
Money owed to you	\$ Taxes	\$	
Motor vehicle / furniture etc.	\$ Personal loans & other liabilities	\$	
TOTAL ASSETS	\$ TOTAL LIABILITIES	\$	

How do you intend to fund the purchase of your Business?	
Would you need to borrow to finance your Business?	
Any other financial information that may support this application?	





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In your own words, write down why you want to become a part of Lawn Rite and own your own Lawn Rite Franchise						





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References

Please provide contact details for 2 references from past employment or business associates who may be contacted for background references. We will not contact these references until you are happy for us to do so.

Name					
Business					
Phone					
Email					
Name					
Business					
Phone					
Email					
decision whe for Lawn Rite	ther you are a suit to carry out any ba	able candidate to be ackground checks ar	e offered a Lawn Rite and credit checks. Yo	e Franchise. u also give p	nwn Rite Limited to make a By signing this you agred Permission for the Directors Carry out their checks.
Applican	ts Signature			Date	