



9Round Franchising, LCC Franchise Candidate Confidential Application

CANDIDATE NAME: _____
First Middle Last

Home Address: _____
Street City State Zip

Contact: _____
Home Phone Cell Email

Date of Birth: _____ Marital Status: _____ SS Number: _____

EDUCATION:

High School Name and Location Grade Completed Year Graduated

College Name and Location Years Attended Degree

Additional Education or Certifications (other schools, programs and achievements):

WORK AND INTERESTS

Briefly Describe your Business Experience: _____

Current Work or Situation:

Organizations, Charities, Clubs (i.e. fitness) you actively participate in:

Tell us about your achievements, interests, aptitudes (sales, running businesses, working with people, accounting, etc).

FINANCIAL INFORMATION

Assets: \$ _____ Liabilities: \$ _____ Cash Available: \$ _____

MARKET OF INTEREST

What city or market (s) are you interested in for a 9Round Franchise: _____

Candidate: Please Read and Sign:

Applicant supplies this information to the best of his or her knowledge. Candidate acknowledges that 9Round Franchising, LLC is relying on the above representations in assessing qualifications to become a 9Round franchise. If candidate anticipates being a co-owner of the franchise, the other prospective co-owners must also apply. This questionnaire will serve as authorization and your consent for 9Round Franchising, LLC to complete credit and other background checks. This questionnaire neither binds the candidate to 9Round or 9Round to the candidate. This application provides no assurance of approval. Final approval of candidate to become a 9Round franchisee remains in the sole discretion of 9Round Franchising, LLC.

Candidate Signature

Date

FAX to Attention of Shannon Hudson, CEO of 9Round Franchising, LLC at 864-627-0185