HERLIFE MAGAZINE

Franchise Application

Thank you for your interest in HERLIFE Magazine, LLC. In order to effectively evaluate your application, please provide us with all necessary information, sign and return to HERLIFE Magazine, LLC. Attach any additional information such as a resume or letters of recommendation that you wish us to consider when evaluating your application. All information is treated as confidential and does not obligate either party.

HERLIFE MAGAZINE, LLC
7535 W. 160th St.
Overland Park, KS 66085
Fax: 866.827.6851
Telephone: 913.402.6994

PERSONAL INFORMATION

NAME (FIRST, MI, LAST)	HOME ADDRESS (No P.O. Box)	
CITY, STATE, ZIP		HOME PHONE NUMBER
EMAIL ADDRESS	CELL NUMBER	
BIRTH DATE	SOCIAL SECURITY NUMBER	DRIVER'S LICENSE NUMBER
If the proposed franchise is to be jointly owned by spouse, please complete the following:		
SPOUSE NAME (FIRST, MI, LAST) - COMPLET IF JOINT APPLICATION		
SPOUSE BIRTH DATE	SPOUSE SOCIAL SECURITY NUMBER	SPOUSE DRIVER'S LICENSE NUMBER

EMPLOYMENT INFORMATION

(We will not contact your current employer)

CURRENT EMPLOYER		NO. YEARS
TITLE	ANNUAL SALARY $	BONUS $
EMPLOYER ADDRESS		
CITY	STATE	ZIP CODE
PHONE	EMAIL	
SALES EXPERIENCE		

PAST EMPLOYMENT	YEARS	EMPLOYER, TITLE, RESPONSIBILITIES	ANNUAL INCOME

CREDIT INFORMATION

NAME OF BANK OR FINANCIAL INSTITUTION		CONTACT PERSON
STREET ADDRESS	CITY, STATE, ZIP	PHONE NUMBER
CHECKING ACCOUNT NUMBER	SAVINGS ACCOUNT NUMBER	

CONFIDENTIAL INFORMATION

Assets

Cash on hand/in Banks	$
Securities Annual Salary	$
Receivables, Notes	$
Automobiles	$
Personal Property, Art, Jewelry	$
Real Estate	$
Life Insurance (cash value)	$
Other Assets	$
401 (k), IRA	$
Total Assets	$

Liabilities

Notes Payable/Loans	$
Real Estate Mortgages	$
Accounts Payable/Bills	$
Due on Automobiles	$
Other Debts, Obligations	$
List	$
.....	$
.....	$
Total Liabilities	$

Annual Sources of Income

Salary	$
Dividends and Interest	$
Business, Professional	$
Other Income (describe)	$
Bonus and Commissions	$
Real Estate Income	$
Royalty, Profit Sharing	$
Total Income	$

Net Worth

Total Assets	$
	Less
Total Liabilities	$
	=
Total Net Worth	$

Cash Accounts

Name/Location of Bank	Phone No.	Contact	Type Account	ID No.	Balance

Real Estate Holdings

Location Description	Mkt Value	Monthly Income	Title in Name Of	Original Amt	Present Balance	Payment Schedule

Securities/Investments

Name of Issuer	# of Shares	Par Value	Mkt Value	Total Value	Where Traded	Pledged	Name Reg. In

Notes Payable/Loans

Name/Address of Maker	Original Amount	Maturity Date	Present Balance	Collateral, if Any

I certify that the information I have provided to HERLIFE Magazine, LLC is true and correct. I authorize HERLIFE Magazine, LLC to verify the information I have provided on this and any attached forms including, but not limited to, acquiring a credit verification report from a credit agency, acquiring a background check from a registered state agency, and to contact my named references and other sources for information about me. I hold HERLIFE Magazine, LLC, its affiliates, agents and employees harmless for any damages or liability arising from the receipt or use of any information obtained through these sources I have provided.

Signature _____ Date _____

Upon completing form, please fax, email, or mail completed and signed application to:

Fax:
866.827.6851

Email:
tammy@herlifemagazine.com

Mail:
7535 W. 160th St.
Overland Park, KS 66085