

natural
awakenings

OUR FRANCHISE
APPLICATION



confidential profile

Welcome! This application initiates the appointment process.
Completing this disclosure does not obligate you in any way. We'd like to know a little about you prior to meeting to discuss the franchise. Please complete all of the pages. Feel free to attach a resumé.

Have you reviewed the franchise opportunity pages on our website? If not, please visit NaturalAwakeningsMag.com/Franchise.

There are a limited number of franchises available. In which city and state would you like to publish your magazine?

CITY: _____ STATE: _____

NAME: _____
First Middle Last

OCCUPATION: _____

HOME ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ BUSINESS PHONE: _____

EMAIL: _____

Who will operate this business? SELF SPOUSE OTHER: _____

Do you have sales experience? YES NO Sales type: _____

Have you ever sold advertising? YES NO Type: _____

If you were approved, when would you like to begin training? _____

Have you ever filed for bankruptcy? YES NO

Are there any lawsuits pending against you? YES NO

Have you ever been convicted of a felony? YES NO

Tell us how you became aware of the *Natural Awakenings* franchise system:



PLEASE COMPLETE ALL FORMS AND EMAIL:
FranchiseInfo@NaturalAwakeningsMag.com or FAX TO: 1-239-434-9513

financial assessment

We will not contact your employer or do a credit check at this time.

The investment fee for purchasing a new franchise market is \$49,500.

Pricing related to existing markets available for resale vary dependent on the market.

Are the funds required for this business available to you? YES NO

Are you seeking business financing to make this investment? YES NO

ESTIMATED FINANCIAL STATEMENT

ASSETS		LIABILITIES	
Cash	\$ _____	Mortgage balance on primary residence	\$ _____
Stocks, bonds & other securities	\$ _____	Mortgage balance on other real estate	\$ _____
Primary Residence (Market Value)	\$ _____	Other obligations	\$ _____
Automobiles & other property	\$ _____	Auto loans, credit cards, etc.	\$ _____
Other Assets	\$ _____	Other liabilities	\$ _____
Total Assets	\$ _____	Total Liabilities	\$ _____
		NET WORTH (Assets - Liabilities)	\$ _____

In connection with the above application, I understand that this is not an offer to buy a *Natural Awakenings* franchise. A franchise can only be offered through the *Natural Awakenings* offerings circular. The Natural Awakenings Publishing Corporation will use this information to help evaluate me as a candidate to purchase a *Natural Awakenings* Franchise. I also understand that the submission of this profile does not obligate me in any way, nor the Natural Awakenings Publishing Corporation to me.

DATE OF BIRTH: Month _____ Day _____ Year _____ Gender _____

Submitted this _____ day of _____, _____ Signature _____



PLEASE COMPLETE ALL FORMS AND EMAIL:
FranchiseInfo@NaturalAwakeningsMag.com or FAX TO: **1-239-434-9513**