

## Initial Franchise Application

Thank you for your interest in becoming an Eye Level® Franchisee. Submission of this form places no obligation on either Eye Level or you the applicant. This form will provide information we need to continue the process of becoming an Eye Level Franchisee. Items marked \* are mandatory. If you have any questions regarding this form, please contact [australia@myeyelevel.com](mailto:australia@myeyelevel.com).

### Personal Information (Person involved in the ownership of the business)

<b>Name*</b>		<b>City/State</b>	
<b>Address</b>		<b>Citizenship</b>	
<b>Phone*</b>		<b>Postcode</b>	
<b>Date of Birth</b>		<b>Email*</b>	

### Business and Employment History

(Year) From	(Year) To	Organization	Position Held	Salary

• Current Employment Status (tick one):

- Full Time
  Self-employed  
 Part Time
  Unemployed  
 Casual

• Have you ever owned a franchise or your own business?

- No  
 Yes      Type of Business: \_\_\_\_\_

• Have you ever failed in business, filed bankruptcy or compromised with creditors?

- No  
 Yes

• Are you currently or have you ever been involved in any lawsuits?

No

Yes

Particulars: \_\_\_\_\_

• Have you ever been convicted of a crime (except traffic misdemeanors)?

No

Yes

Particulars: \_\_\_\_\_

### Education and Experience

Education	Name of School	Major	Graduated	(Last) Year
High School			Yes <input type="checkbox"/> No <input type="checkbox"/>	
College / University			Yes <input type="checkbox"/> No <input type="checkbox"/>	
Graduate (Master's)			Yes <input type="checkbox"/> No <input type="checkbox"/>	
Graduate (PhD)			Yes <input type="checkbox"/> No <input type="checkbox"/>	
Others				
Others				

### Business Plan

Please indicate total amount and source of funds allocated to invest in this business\*:

Amount	Source

Please list your preference for locations if granted an Eye Level Franchise\*:

a)	b)	c)
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If granted an Eye Level Franchise, when would you be available to start operation?

- |  |  |
|--|--|
| <input type="checkbox"/> Immediately     | <input type="checkbox"/> Within 6 months |
| <input type="checkbox"/> Within 3 months | <input type="checkbox"/> Within 1 year   |

**Others**

How did you learn about Eye Level?

- |                                    |  |
|------------------------------------|--|
| <input type="checkbox"/> Newspaper | <input type="checkbox"/> Search Engine |
| <input type="checkbox"/> Online Ad | <input type="checkbox"/> Other.        |
| <input type="checkbox"/> Referral  | Please detail: _____                   |

*I am submitting this application to obtain further information about the Eye Level Franchise System. I understand that neither Eye Level nor I are under any obligation whatsoever. The undersigned warrants that this information is true and correct.*

Signature*:	Date* :
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