



# Request for Consideration

The information you furnish in this form is not binding and in no way obligates you or Click IT to purchase or sell a franchise. Its purpose is to provide pertinent information needed to evaluate you as an applicant.

The company will hold the answers supplied in this application in strict confidence. The information and references provided herein will not be verified without your written and/or oral authorization.

Please return your completed form by email to: [support@clickitgroup.com](mailto:support@clickitgroup.com)

### Applicant Information (Please print or type.)

Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

Fax: \_\_\_\_\_

Street Address: \_\_\_\_\_

Do you:  Rent  Own

Current Occupation: \_\_\_\_\_

Education: \_\_\_\_\_

Have you ever been convicted of a felony offense?  Yes  No

Marital Status:  Married  Single  Divorced  Separated

### Spouse/Partner Information

Name: \_\_\_\_\_

Current Occupation: \_\_\_\_\_

Annual Income: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Other Phone: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

How long at this address? \_\_\_\_\_

How long in this occupation? \_\_\_\_\_

Date of Birth: \_\_\_\_\_

If married, will your spouse participate in the business?  Yes  No

Email Address: \_\_\_\_\_

How long in this occupation? \_\_\_\_\_

### Business Experience/Employment History

From - To (Years)	Company/City	Position	Annual Income

### Business/Management Goals & Objectives

Are your objectives to:  Supplement  Transition or  Replace your current income  Invest or  Be actively involved

Specify the cities or areas and state you are interested in: \_\_\_\_\_

Why are you interested in the retail store industry? \_\_\_\_\_

How long have you seriously been looking at business opportunities? \_\_\_\_\_

What other types of businesses are you considering? \_\_\_\_\_

How did you hear about Click IT? \_\_\_\_\_

What specifically about the Click IT Franchise Program appeals to you? \_\_\_\_\_

On a scale of 1 - 10, with 10 being the highest, how committed are you to owning your own business? \_\_\_\_\_

What is your timeline for starting your own business? (In months) \_\_\_\_\_

Why do you believe you can successfully operate and manage a Click IT Franchise Store? \_\_\_\_\_

What would you consider to be your three greatest achievements? 1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

**Financial Disclosure**

This information serves only to show your ability to make the necessary investment to successfully capitalize your business.

**Assets**

Cash in Checking Account \$ \_\_\_\_\_  
Cash in Savings Account \$ \_\_\_\_\_  
Real Estate (Home Value) \$ \_\_\_\_\_  
Other Real Estate \$ \_\_\_\_\_  
Cash Surrender in Life Insurance \$ \_\_\_\_\_

**Qualified Plan Assets:**

401K Assets \$ \_\_\_\_\_  
IRA Assets \$ \_\_\_\_\_  
Other Assets \$ \_\_\_\_\_

**Total Assets** \$ \_\_\_\_\_

**Liabilities**

Notes Payable to Banks \$ \_\_\_\_\_  
Notes Payable to Finance Companies \$ \_\_\_\_\_  
Real Estate Mortgage Indebtedness \$ \_\_\_\_\_  
Credit Cards \$ \_\_\_\_\_  
Other Liabilities \$ \_\_\_\_\_

**Total Liabilities** \$ \_\_\_\_\_

**Networth** (total assets minus total liabilities) \$ \_\_\_\_\_

What amount of money do you feel comfortable investing? \$ \_\_\_\_\_

What is your liquid capital? \$ \_\_\_\_\_

Have you ever filed for bankruptcy?  No  Yes (If yes, please attach a letter of explanation.)

On a scale of 1 - 10, with 10 being the highest, how committed are you to moving forward with Click IT Franchising? \_\_\_\_\_

**Disclosure Statement**

I understand the information I am receiving from Click IT or from a Click IT employee, agent, franchise, licensee or any of their affiliates is considered highly confidential. This material, concept and business model has been developed with a great deal of effort and expense to Click IT and is being made available to me because of my request and will be kept in strict confidence. I will not divulge or use any data, customer or employee names, addresses, techniques, methods, advertising materials, forms or any other information of any kind used in connection with Click IT without their consent.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

Thank you for your request. Please return your completed form by email to: [support@clickitgroup.com](mailto:support@clickitgroup.com)