

Franchise Application

TAKE YOUR FIRST STEP TOWARDS
FINANCIAL INDEPENDENCE



Please complete this application and forward the original to:

Mail:

3111 Innovation Drive
St. Cloud, FL 34769

Fax:

407-498-3065

BUILD A FINANCIAL EMPIRE!



Maid to Perfection®



FRANCHISE APPLICATION

Fax to 407-498-3065 or E-mail to mike.k@mtpmaid.com

PERSONAL		
NAME (FIRST, MIDDLE INITIAL, LAST)		STREET ADDRESS
CITY, STATE, COUNTRY, ZIP		HOME PHONE NUMBER ()
E-MAIL ADDRESS		FAX NUMBER
BIRTH DATE	SOCIAL SECURITY NUMBER	DRIVER'S LICENSE NUMBER OR OTHER APPLICABLE ID NUMBER

BUSINESS BACKGROUND		
CURRENT OCCUPATION/TITLE	LENGTH OF EMPLOYMENT	SELF EMPLOYED <input type="checkbox"/> YES <input type="checkbox"/> NO
NAME OF COMPANY		BUSINESS PHONE NUMBER
ADDRESS		
CITY, STATE, COUNTRY, ZIP		
GIVE A BRIEF REVIEW OF LAST FIVE YEARS OF EMPLOYMENT		

PERSONAL REFERENCES		PROFESSIONAL REFERENCES	
NAME	PHONE NUMBER	NAME	PHONE NUMBER
	()		()
	()		()
	()		()

FINANCIAL REFERENCES	
NAME OF INSTITUTION	
CONTACT / TITLE	PHONE NUMBER
	()
NAME OF INSTITUTION	
CONTACT / TITLE	PHONE NUMBER
	()

GEOGRAPHICAL OPERATING AREA(S) OF INTEREST				
CITY	ZIP CODE	STATE	COUNTY	COUNTRY

The undersigned hereby authorizes Maid to Perfection Global, Inc., to obtain and exchange credit data; warrants that all information contained in this application is true and accurate and agrees to notify Maid to Perfection Global, Inc. of any material change in this information during the processing of this application.

Signature	Date Signed

CREDIT INFORMATION

PERSONAL		BUSINESS	
<i>Please fill in the below information or attach a copy of your current personal monthly checking and savings account statements</i>		<i>Please fill in the below information or attach a copy of your current business monthly checking and savings account statements</i>	
NAME OF BANK OR FINANCIAL INSTITUTION		NAME OF BANK OR FINANCIAL INSTITUTION	
CONTACT PERSON	PHONE NUMBER	CONTACT PERSON	PHONE NUMBER
ADDRESS		ADDRESS	
CITY, STATE, COUNTRY, ZIP		CITY, STATE, COUNTRY, ZIP	
CHECKING ACCOUNT NUMBER		CHECKING ACCOUNT NUMBER	
SAVINGS ACCOUNT NUMBER		SAVINGS ACCOUNT NUMBER	

BUSINESS ENTITY INFORMATION

PLEASE INDICATE ONE OF THE FOLLOWING <input type="checkbox"/> Existing entity <input type="checkbox"/> New entity to be formed	If this is an existing business, will the business be guarantying the debt to Maid to Perfection Global, Inc. in addition to personal guarantees? <input type="checkbox"/> Yes <input type="checkbox"/> No	
PLEASE INDICATE ONE OF THE FOLLOWING <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation		
Name of Business Entity:		
Amount of Initial Working Capital available: \$	<input type="checkbox"/> Personal OR <input type="checkbox"/> Existing business assets	
STATE OR COUNTRY OF FORMATION	DATE OF LEGAL EXISTENCE	
PRIMARY BUSINESS PERFORMED BY BUSINESS ENTITY		
NAME OF OWNER(S), PARTNER(S) OR MEMBER(S) (include Title)	PERCENTAGE OF OWNERSHIP	
1)		
2)		
3)		
4)		
BANK/FINANCE COMPANY	CONTACT/TITLE/PHONE NUMBER	AMOUNT
1)		
2)		
3)		
4)		
By signing below, I warrant that all of the information submitted in connection with this Application, including any financial statements attached to this Application, are true and accurate as of the date below; and, I agree to notify Maid to Perfection Global, Inc., of any material change in my personal, business, or financial status while this Application is processing. I understand that this Application does not constitute an offer by Maid to Perfection Global, Inc., to sell a franchise and that this information is being provided to Maid to Perfection Global, Inc., solely for the purpose of evaluating my personal, professional and financial qualifications. I consent to and acknowledge that in addition to any information provided by me, Maid to Perfection Global, Inc., may obtain and exchange background information relating to my personal and business records, including but not limited to my credit, tax information, litigation, property, corporate, criminal and driving records. I consent to and acknowledge that the information provided with this Application may be used to qualify me for new or existing franchises available.		
SIGNATURE		DATE SIGNED