

**Submit to:**

Men's Hair House Holdings, Inc.  
1657 Brighton Beach Rd  
Menasha, WI 54952  
Phone: 920-716-7846  
Email: franchise@menshairhouse.com  
www.menshairhouse.com



# Confidential Information Request

PLEASE ANSWER ALL QUESTIONS

## PERSONAL INFORMATION

Last Name		First Name		Middle Name		Social Security Number	
Date of Application (MM/DD/YY)		Birth Date (MM/DD/YY)		Age	Email address		Telephone Number ( )
Current Address			City	State	ZIP	How long?	
Previous Address			City	State	ZIP	How long?	
Marital Status		Full Name of Spouse			Occupation of Spouse		
Names and Ages of Dependent Children							
Name		Age		Name		Age	
Name		Age		Name		Age	
Name		Age		Name		Age	

## APPLICANT'S FRANCHISE PLANS

Will the franchise be owned and operated by you or a group?	
Please explain fully	
Amount of capital available for this business	
Describe fully	
Territory for which application made	Would you consider any other area?
What area(s)?	

THIS IS NOT A CONTRACT AND SUPPLYING OR COMPLETING THIS FORM INCURS NO OBLIGATION ON EITHER PARTY.

**EDUCATION**

PLEASE LIST ALL EDUCATION YOU HAVE RECEIVED INCLUDING HIGH SCHOOL, COLLEGE, MILITARY OR SPECIAL TRAINING.

Name of School	Dates of Attendance (MM/DD/YY) To	Major & Minor Fields	
Location of School	Grade Average or Class Standing	Diploma or Degree	Date of Graduation (MM/DD/YY)
Name of School	Dates of Attendance (MM/DD/YY) To	Major & Minor Fields	
Location of School	Grade Average or Class Standing	Diploma or Degree	Date of Graduation (MM/DD/YY)

**BUSINESS & EXPERIENCE RECORD**

GIVE A COMPLETE RECORD OF YOUR EXPERIENCE, BEGINNING WITH YOUR PRESENT OR LAST POSITION. INCLUDE MILITARY SERVICE. INDICATE BY ASTERISK (\*) THOSE EMPLOYERS YOU DO NOT WISH US TO CONTACT.

Have you been in business for yourself?		
Name & Address Of Employer		
Position, Title & Duties		
Dates Of Employment	From: (MM/DD/YY)	To: (MM/DD/YY)
Supervisor's Name & Title		
Reason for Separation	Beginning salary \$	Ending salary \$
Name & Address Of Employer		
Position, Title & Duties		
Dates Of Employment	From: (MM/DD/YY)	To: (MM/DD/YY)
Supervisor's Name & Title		
Reason for Separation	Beginning salary \$	Ending salary \$
Name & Address Of Employer		
Position, Title & Duties		
Dates Of Employment	From: (MM/DD/YY)	To: (MM/DD/YY)
Supervisor's Name & Title		
Reason for Separation	Beginning salary \$	Ending salary \$

**PHYSICAL CONDITION**

**INCOME**

General Physical Condition	Date of Last Physical Exam	YEAR	
List Any Physical Impairments Or Chronic Illnesses Which May Preclude Certain Types Of Activities	Explain	EARNED (salary, commissions, fees, etc.)	\$ ____
		INTEREST & DIVIDENDS RECEIVED	\$ ____
		RENTS RECEIVED	\$ ____
		OTHER INCOME	\$ ____
		—	\$ ____
		—	\$ ____
		GROSS INCOME	\$ ____

## REFERENCES

PLEASE LIST THREE PROFESSIONAL & CHARACTER REFERENCES.

<b>1. Name</b>		<b>Address</b>		<b>Telephone</b>	( )
<b>2. Name</b>		<b>Address</b>		<b>Telephone</b>	( )
<b>3. Name</b>		<b>Address</b>		<b>Telephone</b>	( )

PLEASE LIST THREE CREDIT REFERENCES.

<b>1. Name</b>		<b>Address</b>		<b>Telephone</b>	( )
<b>2. Name</b>		<b>Address</b>		<b>Telephone</b>	( )
<b>3. Name</b>		<b>Address</b>		<b>Telephone</b>	( )

BANK REFERENCES

<b>1. Name</b>		<b>Address</b>		<b>Telephone</b>	( )
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## CRIMINAL BACKGROUND

Have you ever been convicted of a felony? <input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, please explain
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## CONTINGENCIES

Do You Have Any Contingent Liabilities? <input type="checkbox"/> YES <input type="checkbox"/> NO	
If So, Please Itemize:	
Are Any of Your Assets Pledged? <input type="checkbox"/> YES <input type="checkbox"/> NO	Describe:
Are You a Defendant in Any Suits or Legal Actions? <input type="checkbox"/> YES <input type="checkbox"/> NO	Describe:

## CONFIDENTIAL FINANCIAL STATEMENT

DATE: YEAR: 20

PLEASE ANSWER ALL QUESTIONS USING "NO" OR "NONE" WHERE NECESSARY

ASSETS		LIABILITIES AND NET WORTH	
Cash on Hand & Unrestricted in Banks (See Sched. No. 1)	\$	Notes Payable to Banks, Unsecured Direct Borrowings Only (See Sched. No. 1)	\$
U.S. Government Securities	\$	Notes Payable to Banks, Secured Direct Borrowings Only (See Sched. No. 1)	\$
Accounts & Loans Receivable (See Sched. No. 2)	\$	Notes Receivable, Discounted with Banks, Finance Companies, etc.	\$
Notes Receivable, Discounted With Banks, Finance Companies, etc. (See Sched. No. 2)	\$	Notes Payable to Others, Unsecured	\$
Life Insurance, Cash Surrender Value (Do not deduct loans) (See Sched. No. 3)	\$	Notes Payable to Others, Secured	\$
Other Stocks & Bonds (See Sched. No. 4)	\$	Loans Against Life Insurance (See Sched. No. 3)	\$
Real Estate (See Sched. No. 5)	\$	Accounts Payable	\$
Automobiles Registered in Own Name	\$	Interest Payable	\$
Other Assets (itemize)	\$	Taxes & Assessments Payable (See Sched. No. 5)	\$
		Mortgages Payable on Real Estate (See Sched. No. 5)	\$
		Other Liabilities (itemize)	\$
<b>TOTAL ASSETS</b>	\$	<b>TOTAL LIABILITIES</b>	\$
		<b>NET WORTH</b>	\$

**SUPPLEMENTARY SCHEDULES**

<b>NO. 1 BANKING RELATIONS</b> (A list of all my bank accounts, including savings & loans)				
Name & Location of Bank	Cash Balance	Amt. of Loan	Maturity of Loan	How Endorsed, Guaranteed or Secured
	\$	\$		
	\$	\$		
	\$	\$		
	\$	\$		

<b>NO. 2 ACCOUNTS, LOANS &amp; NOTES RECEIVABLE</b> (A list of the largest amounts owing to me.)					
Name & Address of Debtor	Amount Owing	Age of Debt	Description of Nature of Debt	Description of Security Held	Date Payment Expected
	\$				
	\$				
	\$				
	\$				

<b>NO. 3 LIFE INSURANCE</b>								
Name of Person Insured	Name of Beneficiary	Name of Insurance Co.	Type of Policy	Face Amt. of Policy	Total Cash Surrender Value	Total Loans Against Policy	Amount of Yearly Premium	Is Policy Assigned?
				\$	\$	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
				\$	\$	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
				\$	\$	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
				\$	\$	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No

<b>NO. 4 BANKING RELATIONS</b>						
Face Value (Bonds) No. of Shares (Stocks)	Description of Security	Registered In Name of	Cost	Present Market Value	Income Received Last Year	To Whom Pledged
			\$	\$	\$	
			\$	\$	\$	
			\$	\$	\$	
			\$	\$	\$	

<b>NO. 5 REAL ESTATE</b> (The legal equitable title to all the real estate listed in this statement is solely in the name of the undersigned, except as follows:)								
Description or Street No.	Dimensions or Acres	Improvements Consist of	Mortgages or Liens	Due Dates & Amts. of Payments	Assessed Value	Present Mkt. Value	Unpaid Taxes	
							Year	Amount
				\$	\$	\$		\$
				\$	\$	\$		\$
				\$	\$	\$		\$
				\$	\$	\$		\$

"I submit the foregoing information as my complete and true personal and financial condition as of the date shown below. In accordance with the Privacy Act (5 U.S.C. 552 a), Freedom of Information Act and The Fair Credit Reporting Act, I expressly authorize any past or present employer, any law enforcement agency, federal, state or local, or any person who has personal knowledge of my character, work experience or criminal records to release this information to the Franchisor. If requested by the Franchisor, I agree to supply statements from my professional advisors (i.e., banker, broker, accountant or attorney) verifying the above assets, and I also agree to furnish copies of Federal Income Tax Returns as filed for the last five years. I understand that the Franchisor is relying upon all the above information as a material factor in considering my application to become a franchisee, and I therefore agree to promptly notify the Franchisor of any material change in any of the above information or any subsequent information provided to franchisor. In addition, I release all persons from liability as a result of true, accurate information. Further, Franchisor Trade Secrets will not be disclosed by Applicants to any other person or business entity, and will not be used by Applicants in any manner outside the evaluation process, either during or after the evaluation process."

Signature

Date