



DEVELOPMENT CORPORATION

REQUEST FOR CONSIDERATION

All information supplied by you will be treated in a strictly confidential manner. The filing of this application does not obligate the applicant to become a Franchisee of IIDC. Note: Failure to complete this application in its entirety may delay our response. Fields marked with any asterisk (*) must be completed or this application is not valid.

Personal Information:

*Full Name _____ Date of Birth _____

*Address _____

*City _____ *State _____ *Zip Code _____ *Email _____

*Home Phone _____ Business Phone _____ Cell _____

Fax _____ Time at Present Address _____ Best time to contact _____

Marital Status: (circle one) Married Divorced Single Separated Widowed

Spouse's Name _____ #of Dependants _____ Ages: _____

General Information:

*How did you hear about Ideal Image Franchises? _____

Have you visited an Ideal Image? _____ If so, where? _____

What do you find most appealing about the Ideal Image opportunity? _____

What are your biggest reservations to entering the laser hair removal market? _____

*Locations of Interest:

Choice 1 _____ Choice 2 _____ Choice 3 _____

Why do these locations appeal to you? _____

*What type of franchise opportunity are you considering?

Single- Unit Operation

Multi-Unit Operation

Business and Management Goals:

How will the Ideal Image franchise opportunity help you in achieving your business and personal goals? _____

Would you expect to devote your full time to this business? _____ If not, percentage? _____

Do you regard this as a career or an investment? _____

Would this be your sole source of income? _____

*What is your timeframe to committing to this venture, specifically the signing of a franchise agreement?

1 to 3 months

3 to 6 months

over 6 months

What are your profitability expectations for: Year 1: _____ Year 2: _____

What are some of the major questions you have about becoming a franchisee? _____

Describe any additional skills or training you have pertaining to business management, sales, marketing, advertising, training, staffing, etc... _____

Professional Experience: (resume or other business summary may be attached)

*Current Employer: _____

*Dates, From: _____ To: _____ Position Held: _____

*Primary Responsibilities: _____

Previous Position: _____

*Have you ever been involved in a franchise system? Yes No

If yes, what type and what was your role in the franchise? _____

Other business affiliations (officer, director, partner, etc.) _____

Skills:

Please rate your skills in the following areas (1= low to 5= high)

Computers/Technology	1 2 3 4 5	Customer Service	1 2 3 4 5
Management	1 2 3 4 5	Networking	1 2 3 4 5
Organization	1 2 3 4 5	Financial	1 2 3 4 5
Marketing	1 2 3 4 5	Decision Making	1 2 3 4 5

Education:

(Check highest level completed)

High School _____ Name of Institution _____

Some College _____ Name of Institution _____

College Degree _____ Name of Institution _____

Advanced Degree _____ Name of Institution _____

***Financial Information:**

Assets	Liabilities
Cash Liquid Investments \$	Mortgage Balance (Primary Residence) \$
IRA/ 401 K Funds \$	Mortgage Balance (other) \$
Life Insurance (Cash value) \$	Auto Loans \$
Primary Residence \$	Credit Cards \$
Other Real Estate \$	Other Liabilities/ Obligations (list) \$
Automobiles/ Personal Property \$	\$
Other Assets (List) \$	\$
\$	\$
\$	\$
Total Assets \$	Total Liabilities \$
Net Worth (Assets-Liabilities) \$	

Total Monthly Living Expenses including mortgage/ rent \$ _____
(circle one) Rent Own

*Maximum amount of cash you are willing to invest in a franchise \$ _____

*Maximum amount of loans you are willing to have to finance franchise business \$ _____

Will you or your spouse/ partner have another income source during your first year of business operation? _____ If yes how much monthly: _____

*If you do not have the required amount of funds, how will you obtain the additional capital? _____

*Have you ever declared bankruptcy? _____ If yes, when and where? _____

*Planned sources of investment capital (circle all that apply):

Cash Stocks & Bonds IRA/Pension Funds Real Estate Other (describe) _____

Will you have a spouse or partner in this business? _____

Spouse or Partner's Full Name _____

Will your spouse, partner and/ or investor be active in the business? _____



I understand that the information I am receiving from Ideal Image Development Corp. or from any IIDC associate, employee, agent, or Franchise is highly confidential, has been developed with a great deal of effort and expense to IIDC, and is being made available to me because of this application, and will be held in strict confidence.

Signature Date

Return this application to:
Ideal Image Development Corporation
4830 West Kennedy Blvd. Suite 440 • Tampa, Florida 33609
Attention Lori Rouse • Fax: 866.866.4390

