



JOI Franchising, LLC (“Jump On In”) Prospective Franchisee Application

The filling of this application does not obligate the applicant to become a Franchisee of JOI Franchising, LLC. Please complete this application in its entirety. If an item is not applicable, please enter “N/A.” Attach a separate sheet if more space is needed to answer a question.

Personal Information:			
E-mail Address			
First/Last Name			
Home Address			
City, State, Zip			
Home Phone			
Fax			
Date of Birth			
Citizenship Status			
Marital Status (Circle)			
Single	Married	Divorced	
Graduated (Circle all that apply)			
HS	JC	4 year College	Post Graduate
Last Degree Attained			
Current Employment Status (Circle)			
Currently employed	Self-employed	Retired	
Company Name			
Type of Business			
Highest Position Held			
Length of Employment			
City & State of Company			
If other individuals, other than your spouse, will be involved in the ownership of a facility, please list their names below and have them fill out separate applications.			
1. First/Last Name		Phone	
Address			
2. First/Last Name		Phone	
Address			

Financial Information:

Monthly Income and Expenditures:			
My monthly income before franchise purchase	\$		Mortgage payments
Spouse's income	\$		Auto and other loans
My monthly outside income after franchise purchase	\$		Franchise funding repayments
Spouse	\$		Credit Card (average monthly repayments)
Investments	\$		Rent
Real Estate	\$		Utilities
Other Income Items (describe)	\$		Insurance - Home & Contents
			- Life
			- Vehicles / Boats
			Other living expenses
Total Monthly Income	\$		Less: Total Monthly Expenses
			Equals: Total Monthly Surplus:
			Before Franchise Purchase
			After Franchise Purchase

Assets and Liabilities:			
Assets			Liabilities
Cash on hand	\$		Loans on Real Estate
Cash at Bank (before any payment to Jump On In)	\$		Increased Real Estate Funding for Franchise fee
Real Estate Market Value	\$		Other Loans
Investments	\$		Credit Card (balance owed)
Vehicles / Boats	\$		Overdraft
Cash Value of Life Insurance / Pension	\$		Contingent Liabilities (are you guarantor for another loan?)
Other Assets / Personal Effects	\$		Other Liabilities
Businesses owned	\$		
TOTAL ASSETS	\$		TOTAL LIABILITIES
			SURPLUS – ASSETS LESS LIABILITIES
			\$

Total capital available to invest in one or more **JUMP ON IN** \$ _____
Have you ever been involved in a bankruptcy? ____ Yes ____ No

If so, please explain: _____

JUMP ON IN does not guarantee the financial performance of any franchisee or facility. The decision to become a Franchisee of **JUMP ON IN** and to open a **JUMP ON IN** center must be based on the Franchise applicant's independent research and analysis. **JUMP ON IN** does not authorize any financial representations beyond the information presented in its franchise disclosure document. **JUMP ON IN** is not liable for any representation made by any of its employees, or brokers with respect to real estate, financial projections, operations, or marketing performance.

By signing below you hereby authorize the release and verification of credit to **JUMP ON IN** for analysis to determine whether to award a franchise to applicant.

I understand that the information I am receiving from JOI Franchising, LLC or from any JOI Franchising, LLC associate, employee, agent or existing Jump On In Franchisee personnel is highly confidential, has been developed with a great deal of effort and expense, and is being made available to me because of this application, and will be held in the strictest confidence.

I understand that I will have to successfully complete a Jump On In training program before I will be allowed to open for business.

**Jump On In Franchise Applicant
Disclosure and Release
Under the Fair Credit Reporting Act**

In connection with my application for a Jump On In™ franchise from JOI Franchising, LLC (the "Franchisor"), I hereby understand and agree that a consumer report and/or investigative consumer report may be requested that may include credit information as well as the names and dates of previous employers, work experience, reason for termination of employment, etc. I further understand that such reports may contain public record information concerning my driving record, worker's compensation claims, bankruptcy proceedings, criminal records, etc. from federal, state, and local agencies that maintain such records as well as other public and private sources.

I understand that in the event that information from a consumer report and/or investigative report is used in whole or in part in regard to making an adverse decision about my potential franchise, the Franchisor will provide me with a copy of the report and a description in writing of my rights under the law before making an adverse franchise decision.

I hereby authorize any persons, organizations, companies, corporations, consumer reporting agencies, courts of law, licensing agencies, schools, and any current or past employer to furnish Franchisor and/or its assigned agents, associates or consumer reporting agencies with any and all information concerning me. I further agree to release Franchisor and/or its assigned agents, associates, or consumer reporting agencies and all persons and organizations providing information from any and all claims, liability and responsibility arising out of the release of such information in connection with this research. This authorization does not include a release of my medical information.

If I am approved as a franchisee, this authorization shall remain on file and shall serve as an ongoing authorization for Franchisor to procure consumer reports at any time during my franchise contract period.

I acknowledge that a facsimile or photographic copy of this Disclosure and Release shall be as valid as the original.

I understand that I have specific prescribed rights as a consumer under The Federal Fair Credit Reporting Act (FCRA) and may have additional rights under relevant specific state laws.

Applicant's Name *(please print)* _____

Other names used: _____

Applicant's Address _____

City/State/Zip _____

Signature _____

Social Security # _____

Date of Birth _____

Driver's License # _____

Issuing State _____