



## Franchise Qualification Form

### Applicant

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

Residential Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Years at Address: \_\_\_\_\_

Own  Rent

Home Phone: (\_\_\_\_) \_\_\_\_\_ Office Phone: (\_\_\_\_) \_\_\_\_\_

Mobile Phone: (\_\_\_\_) \_\_\_\_\_ Preferred # to reach you:  Home  Office  Mobile

Preferred Time to reach you: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Are you a:  Citizen of the US  Green Card Holder  Visa Holder (type) \_\_\_\_\_

Your Age: \_\_\_\_\_ Drivers License No: \_\_\_\_\_ State: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Will Spouse/Partner be active in Business?  Yes  No

### Spouse/Partner Information

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

Residential Address: \_\_\_\_\_  Own  Rent

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Years at Address: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Office Phone: (\_\_\_\_) \_\_\_\_\_

Mobile Phone: (\_\_\_\_) \_\_\_\_\_ Preferred # to reach you:  Home  Office  Mobile

Preferred Time to reach you: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Are you a:  Citizen of the US  Green Card Holder  Visa Holder (type) \_\_\_\_\_

Your Age: \_\_\_\_\_ Drivers License No: \_\_\_\_\_ State: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Will Spouse/Partner be active in Business?  Yes  No



## General Information

Where did you first learn about ZLooks?

Internet  Our Website  Advertisement  Referral  Friend/Relative  Other

Please offer specific details of how you found us: \_\_\_\_\_

\_\_\_\_\_

What are your preferred market areas or territories (Please include Town, County, State)?

1. \_\_\_\_\_

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

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

What is the time frame you wish to be open for business?

Immediately  1-3 months  4-6 months  6-12 months  1 Year  \_\_\_\_\_

Who will be in charge of running the business?

Self  Partner  Spouse  Manager  Hired Staff  Other \_\_\_\_\_

Will you retain your current employment if you are granted a franchise with us?  Yes  No

Have you ever worked in the car wash or car detail industry?  Yes  No

If so where? \_\_\_\_\_

For how many years? \_\_\_\_\_

Do you have any experience in washing or detailing vehicles?  Yes  No

If so please explain your experience: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you currently own or have you owned a business or franchise?  Yes  No

If so, please describe your current or previous business: \_\_\_\_\_

\_\_\_\_\_



What other businesses are you investigating? \_\_\_\_\_

How long have you been seeking your own business?  3 months  6 months  1 Year  Other \_\_\_\_\_

Why are you seeking a franchise? \_\_\_\_\_

Do you plan to be in the business full time?  Yes  No

Have you ever been convicted or found guilty of a crime?  Yes  No

How do you plan on purchasing your ZLooks Franchise? \_\_\_\_\_

Is your funding status:  Approved  Pre-Approved  Funding Needed

Have you ever declared bankruptcy?  Yes  No

If yes, please provide dates, type, and current status. \_\_\_\_\_

What is your *estimated* credit score?  499 and Below  500-599  600-650  651-700  700-750  751+  
(Before approval of our franchise, we will run a credit check)

## References

### Business & Personal References

#### BUSINESS

Name	Address	City, State, Zip	Telephone



## References

### PERSONAL

Name	Address	City, State, Zip	Telephone

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Spouse/Partner

\_\_\_\_\_  
Date

*This ZLooks franchise qualification form is not a binding contract between the applicant or ZLooks. If the applicants completed franchise qualification form satisfies our initial requirements, we may request additional information. Please note that any proposed partner must also complete a franchise qualification form. By providing the above references, the applicant hereby gives permission for ZLooks and it's agents to contact the applicants' references for the purpose of obtaining a character reference. We do not run any credit or background checks until we are ready to award you a franchise. All of your information will be kept confidential.*

**Thank you for your application.**

**Please fax or mail this completed form  
& a copy of your current drivers license to:**

**866-532-0505**

**ZLooks**

**18766 John J. Williams Hwy · # 4-105 · Rehoboth, DE 19971**