



PERSONAL INFORMATION			
Last Name	First	M.I.	Occupation
Current Street Address			Apartment/Unit #
City	State	Zip	How Long
Previous Street Address			Apartment/Unit #
City	State	Zip	How Long
Home Phone	Cell Phone	E-mail Address	
Full name of Spouse		Occupation of Spouse	

BUSINESS EXPERIENCE			
Name of Employer	Position/Title		Salary
Address of Employer			
City	State	Zip	Dates of Employment
Name of Employer	Position/Title		Salary
Address of Employer			
City	State	Zip	Dates of Employment
Name of Employer	Position/Title		Salary
Address of Employer			
City	State	Zip	Dates of Employment

EDUCATION	
Name of School	Major
Dates of Attendance	Degree/Diploma
Name of School	Major
Dates of Attendance	Degree/Diploma
Name of School	Major
Dates of Attendance	Degree/Diploma



ABOUT YOU			
Are you legally authorized to work in the U.S.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Have you ever filed for bankruptcy
			Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you ever been convicted of a felony	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, explain
Will you be a "hands on" operator of your Salus Hydrate franchise? Describe your planned role in the operation of the business.			
List the areas you are interested in operating your Salus Hydrate franchise.			
	City	County	State
1.			
2.			
3.			
Have you ever owned a business	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, type Dates

FINANCIAL STATEMENT			
ASSETS	AMT IN \$	LIABILITIES	AMT IN \$
Cash-Checking accounts		Current debt (credit cards, accounts)	
Cash-Savings accounts			
Certificates of Deposit			
Securities-Stocks/Bonds/Mutual Funds			
Notes and Contracts receivables		Taxes payable	
Life insurances (cash surrender value)		Real Estate mortgages	
Personal property (autos, jewelry, etc.)			
Retirement funds (IRA's, 401k)		Notes payable (describe below)	
Real Estate (market value)		Other liabilities (specify)	
Other assets (specify)			
<b>TOTAL ASSETS</b>		<b>TOTAL LIABILITIES</b>	
		<b>NET WORTH (ASSETS-LIABILITIES)</b>	



REAL ESTATE					
Address	Date Purchased	Purchase Price	Mortgages or Liens	Amt of payments	Present Market Value

CURRENT DEBT/NOTES PAYABLE					
Name of Creditor	Amt Owning	Age of Debt	Description of Debt	Description of Security Held	Due Date

DISCLAIMER AND SIGNATURE	
<p>In submitting the foregoing information, the undersigned guarantees information as complete and true personal and financial condition as of the date shown. The undersigned understand that Salus Franchising is relying upon all the above information as material factor in considering application for a franchise agreement. This is not a contract; supplying or completing this form incurs no obligation on either party.</p> <p>The undersigned understands that prior to awarding a franchise agreement, Salus Franchising will conduct a credit and criminal background check. At the appropriate time prior to awarding a franchise agreement, the undersigned, will be required to provide the necessary information and approval to conduct such investigations.</p> <p>Offering is made by prospectus only.</p>	
<b>Signature</b>	Date
<b>Spouse's Signature</b>	Date