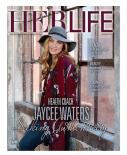


## FRANCHISE Application

Thank you for your interest in *HERLIFE* Magazine, LLC. In order to effectively evaluate your application, please provide us with all necessary information, sign and return to *HERLIFE* Magazine, LLC. Attach any additional information such as a resume or letters of recommendation that you wish us to consider when evaluating your application. All information is treated as confidential and does not obligate either party.

























	PERSONAL	TNFORM	ATION		
NAME (FIRST, MI, LAST)					
HOME ADDRESS (NO P.O. BOX)		CITY, STATE, ZIP			
CELL NUMBER	EMAIL ADDRESS		HOME PHONE NUM	BER	
BIRTH DATE	SOCIAL SECURITY NUMBER		DRIVER'S LICENSE NUMBER		
If the proposed fra	nchise is to be jointly o	owned by spous	se, please complete	the following:	
SPOUSE NAME (FIRST, MI, LAST) - COMPLET I					
SPOUSE BIRTH DATE	SPOUSE SOCIAL SECURITY NUMBER		SPOUSE DRIVER'S L	SPOUSE DRIVER'S LICENSE NUMBER	
	I		<u> </u>		
	EMBLOVMEN	TINEOD	MATION		
	EMPLOYMEN				
CURRENT EMPLOYER	(We will not contac	t your current	NO. OF YEARS		
TITLE	ANNUAL SALARY \$		BONUS \$		
MPLOYER ADDRESS		PHONE			
CITY, STATE, ZIP		EMAIL ADDRESS			
SALES EXPERIENCE			l .		
PAST EMPLOYMENT	EMPLOYER, TITLE, RESPONSIBILITIES		YEARS	ANNUAL INCOME	
			I	I	
	CPEDIT IN	JEODMA'	TION		
CREDIT INFORMA  NAME OF BANK OR FINANCIAL INSTITUTION			CONTACT PERSON		
STREET ADDRESS					
CITY STATE 7ID			DUONE		
CITY, STATE, ZIP			PHONE		
CHECKING ACCOUNT NUMBER	SAVINGS ACCOUNT NUMBER				

OF INCOME	Notes Payable/L Real Estate Mort Accounts Payab Due on Automol O	oans gages le/Bills biles THER DEBTS, OI	\$ \$ \$ \$ \$ SLIGATIONS (LIST) \$ \$ \$
OF INCOME	Real Estate Mort Accounts Payab Due on Automol	gages le/Bills biles THER DEBTS, OI	\$ \$ \$ SLIGATIONS (LIST) \$ \$
OF INCOME	Accounts Payab  Due on Automol	le/Bills biles THER DEBTS, OI	\$ \$BLIGATIONS (LIST) \$ \$
OF INCOME	Due on Automol	biles THER DEBTS, OI	\$ BLIGATIONS (LIST) \$ \$
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OF INCOME			\$ \$ \$
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OF INCOME	TOTAL LIABILIT		\$
OF INCOME	TOTAL LIABILIT		
OF INCOME	TOTAL LIABILIT		\$
OF INCOME	TOTAL LIABILIT		ΙΨ
OF INCOME		IES	\$
		NET WORTH	
	Total Assets		\$
	Le		ess
	Total Liabilities		\$
		:	=
	TOTAL NET WORTH		
			\$
		CONTACT	
E ACCOUNT	ID NO.		BALANCE
	<u> </u>		
	MKT VALUE		MONTHLY INCOME
	MIKT VALUE		MONTHE INCOME
GINAL AMT	PRESENT BALANCE		PAYMENT SCHEDULE
	•		•
F SHARES	PAR VALUE		MKT VALUE
ERE TRADED	PLEDGED		NAME REG. IN
	1		I.
			ORIGINAL AMOUNT
SENT BALANCE	COLLATERAL, IF ANY		l
F	GINAL AMT  F SHARES  ERE TRADED	TOTAL NET  E ACCOUNT  ID NO.  MKT VALUE  PRESENT BALANCE  F SHARES  PAR VALUE  PLEDGED	TOTAL NET WORTH  TOTAL NET WORTH  CONTACT  E ACCOUNT  ID NO.  MKT VALUE  PRESENT BALANCE  F SHARES  PAR VALUE  PLEDGED

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SIGNATURE	DATE	