



REQUEST FOR CONSIDERATION

Complete and return this form to:

CANDYBOUQUET.COM

CANDY BOUQUET INTERNATIONAL, INC.

423 E. Third St., Little Rock, AR 72201

Toll Free: 1-877-CANDY01 • Phone: (501) 375-9990

Fax: (501) 375-9998

To speed your process, go to candybouquet.com and complete online.

It is understood that the purpose of this questionnaire is for general information and is in no way binding upon the company or the applicant. It is understood, however, that the applicant supplies the information contained herein to the best of his/her knowledge and ability and that the company relies on this fact when assessing the desirability and qualifications of the applicant. **This document and all other correspondence between the applicant and franchisor will be kept confidential.**

SECTION 1: PERSONAL INFORMATION *(please print)*

Applicant's Name	M	F	Date of Birth
SS/S.I.N. #	Spouse's SS/S.I.N. #		
Spouse's Name	Date of Birth		
Name(s) of prospective business partner(s)			
Marital Status	Number of Children	Ages	
Residence Address			
City	State/Province		
Postal/Zip Code	County		
Telephone Number ()	Fax Number ()	Cell ()	
I am a citizen of:	Email Address:		

SECTION 2: EMPLOYMENT/FINANCIAL INFORMATION

Applicant's Current Employment Status (check)	Full-time	Part-time	Self-employed	Unemployed
Employer/Business Name <small>(if unemployed, state most recent employer)</small>				
Position Held	How long there?			
Employer/ Business Address				
Annual Salary				
Telephone Number ()				
Spouse's Current Employment Status (check)	Full-time	Part-time	Self-employed	Unemployed
Employer/Business Name <small>(if unemployed, state most recent employer)</small>				
Position Held	How long there?			
Employer/ Business Address				
Annual Salary				
Telephone Number ()				
Financial Information				
Amount in Applicants Cash Savings & Checking:		Applicants net worth of Current Investments:		
Other sources of income in addition to the above:				

SECTION 3: EDUCATION AND EXPERIENCE

Your education:	High School Graduate (check)	Yes	No	College: # of Years	Degree
Your spouse's education:	High School Graduate (check)	Yes	No	College: # of Years	Degree
Have you ever owned (or currently own) another business?	Yes	No	Business Name?		
Are you a Veteran of U.S. or Armed Forces?	Are you 65 or older		Yes	No	

We reserve the right to request a personal resume and financial statement.

SECTION 4: BUSINESS INFORMATION

Where did you hear about Candy Bouquet International?

Where do you want to locate your business?

If approved, how do you propose to finance the purchase and development of your franchise?

If you are awarded a franchise, how soon would you be available for training?

SECTION 5: LEGAL

Are you a defendant in any legal action? (check) Yes No

If yes, please explain.

Have you ever had any judgments against you? (check) Yes No

If yes, please explain.

Have you ever been convicted of a felony? Yes No

If yes, please explain.

Have you ever gone through a bankruptcy? (check) Yes No

If yes, please explain by indicating when and for what amount.

SECTION 7: CONFIRMATION AND SIGNATURE

The undersigned agree; 1) that the information will be used only for the purpose of evaluating the possible purchase of a Candy Bouquet Franchise; 2) that the information will not be copied or used for any other purpose, and 3) that they will not replicate or reproduce any similar type store or home-based business of candy arrangements. If I do not choose to buy a Candy Bouquet franchise, 4) the information will not be disclosed to any third party, except legal, accounting and business advice, 5) that CBI has complied with all legal issues and laws pertaining to this offering, 6) Candy Bouquet International, Inc. to obtain credit information on me and my spouse, 7) that any deposits I make in the future on exclusive territory are non-refundable.

I certify that all my statements and representations made in my Request for Consideration are true and correct, and I have withheld no relevant information which would, if disclosed, adversely affect my application. I understand that CBI relies upon such statements and representations in making its business decision concerning me. I authorize CBI to undertake, or cause to be undertaken, an investigation(s) to cover, without limitation, one or more of the following items: 1) Information concerning my educational background from any institution or other source; 2) Information concerning my employment history (including United States military service, if applicable), from any prior employer or other source; 4) Information concerning me, if any which may be obtained from public records; a credit report concerning me; a consumer investigative report. In this regard, I acknowledge the following disclosure was made to me by CBI in accordance with the Fair Credit Reporting Act, Public Law 91-508;

I authorize all persons, institutions, prior employers, organizations, and companies to furnish any and all pertinent information known to them about me, and all such parties can rely on the photocopy of this application as if it were an original.

I hereby release from liability all persons, institutions, prior employers, organizations, references, and companies, who furnish pertinent information concerning me. I also release from liability CBI, its employees or agents, in obtaining such information deemed appropriate to evaluate my application and make a business decision based on that information.

Signature / Legal Name

Date

Spouse's Signature

Date

For a hard copy of the UFOC, please fill out the information below and submit the \$15 fee.

Or check here to receive a **free** UFOC by e-mail. E-mail _____

Type of credit card Visa Mastercard American Express Discover
Name on Credit Card _____

Credit Card Number _____ Expiration Date _____

Signature of Card Holder _____