



Franchise Application

Thank you for your inquiry regarding Crossing Borders Franchises. The information you provide will help us qualify you to become a member of our team. This questionnaire will be reviewed carefully by our Franchise Review Committee. Please complete this entire questionnaire – leave no blanks empty. If an item is not applicable to you, please enter “N/A”. If more parties will be involved in this opportunity other than you or your spouse, please make a copy of this application for additional applicants to complete. The information you provide will be held in strictest confidence. We will not contact your employer without your prior approval.

Completion of this form does not obligate you in any way.

General Information

Applicant's name		Today's date
Please indicate your plan in considering Crossing Borders opportunity:		
a) Owner/Operator?	b) Strictly investment?	Single or multiple unit operation?
Will you have Partners? <input type="checkbox"/> Yes <input type="checkbox"/> No		
List some of the reasons for going into your own business:		
What city or area are you interested in? (be as specific as possible)		
How did you hear about Crossing Borders?		
Have you visited an existing Crossing Borders?		
Which locations?		
When can you visit Houston, TX?		

Personal Information

Applicant's name		Maiden name
Home address		
City	State	Zip Code
Years at this address	Own or rent?	
Home phone	Mobile phone	Business phone
<input type="checkbox"/> Employed <input type="checkbox"/> Self-employed	Employer	
Business address		
City	State	Zip Code
Best way to reach you	Best time to reach you	
Previous address		
City	State	Zip Code
Marital status: <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Separated		

Upon completion, please e-mail this form to info@crossingbordersgroup.com.

An application fee of \$350 must accompany all applications in order for the application to be reviewed.



Number of children	Ages	
Spouse's name		Spouse's date of birth (Month/Day/Year)

Applicant's Education

High school	Graduated?
College	Graduated?
Other education	

Applicant's Employment Background

(Last 5 years) (List most recent job first)

Business name		
City	State	Zip Code
From/To	Position	
Business name		
City	State	Zip Code
From/To	Position	
Business name		
City	State	Zip Code
From/To	Position	
Business name		
City	State	Zip Code
From/To	Position	
Business name		
City	State	Zip Code
From/To	Position	

Applicant's Financial Information

Your assets		Your liabilities	
Cash in bank (in total)		Notes payable	
Notes receivable		Account payable	
Own in real estate (personal home)		Owing on real state	
*Other real state		Other obligations	
Savings			
Stocks & bonds			

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Automobiles own		Automobiles owe	
Your business (value)		Money due to you	
Other assets			
Total assets		Total liabilities	
Net worth (Total assets – Total liabilities = Net Worth)		\$	
*Describe real estate properties			
If needed, note items in the above statement which you plan to convert into cash or use as collateral for a loan to become a Crossing Borders Franchisee			
If the required amount is not available, how the investment would be obtained? (Explain in detail)			
What immediate income is an absolute necessity to you?			

Business References

Name	Phone number
Title	Relation to you
E-mail address	
Name	Phone number
Title	Relation to you
E-mail address	
Name	Phone number
Title	Relation to you
E-mail address	

Personal References

Name	Phone number
Title	Relation to you
E-mail address	
Name	Phone number
Title	Relation to you

E-mail address	
Name	Phone number
Title	Relation to you
E-mail address	

Business Background

How much capital do you have available for this business: \$	
Do you own or have ever owned a business?	When?
If yes, name of operation:	Location:
How many hours do you expect to devote to this business? <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	
If operating multiple businesses, please give your intentions as to your division of time	
Have you ever been in a business that deals with a foreign language? <input type="checkbox"/> Yes <input type="checkbox"/> No, if yes in what capacity?	
Have you ever worked with children? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever been a part of a business organization? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have any association with teaching languages? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you interested in relocating? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, is there a particular geographical area, or areas, that you would prefer?	
By what date do you want your business operational?	

Other Parties to be involved in this Business

Partners or associates (unless spouse) who will join you in this venture must also complete a Franchise Application

Name		
Mailing address		
City	State	Zip Code
Home phone	Mobile phone	Business phone
Percentage of ownership	Will they devote full time to the business?	
Name		
Mailing address		
City	State	Zip Code
Home phone	Mobile phone	Business phone
Percentage of ownership	Will they devote full time to the business?	
Name		

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Mailing address			
City		State	Zip Code
Home phone	Mobile phone		Business phone
Percentage of ownership	Will they devote full time to the business?		
Name			
Mailing address			
City		State	Zip Code
Home phone	Mobile phone		Business phone
Percentage of ownership	Will they devote full time to the business?		
Please list any additional Franchisees on a separate sheet of paper			

At this time, please check one of the following:
<input type="checkbox"/> I am definitely interested in becoming a Crossing Borders Franchisee and believe I am qualified. Please arrange a personal interview as soon as possible.
<input type="checkbox"/> I am interested in becoming a Crossing Borders Franchisee but am uncertain of my qualifications. Please review and give me your opinion.
<input type="checkbox"/> I genuinely want to find a business of my own but am uncertain of my interest until I have additional information.

I certify that the information I have provided on this application is complete and correct. I hereby authorize Crossing Borders or its authorized agent to obtain verification of any of the above information and I authorize the release of such information to Crossing Borders or its authorized agent. I agree to supply statements verifying the above assets and to furnish copies of Federal Income Tax Returns if requested.

It is understood that the purpose of this questionnaire is for information only, and is in no way binding upon either Crossing Borders or the applicant. The undersigned certifies the above information to be true and correct.

Applicant: _____

Date: _____