



CANDIDATE INFORMATION DOCUMENT

The purpose of this document is to provide general information and certain specific qualifications to help the mutual evaluation process in regards to the award of Chatime franchise.

CONTACT INFORMATION

Name [Mr./Mrs./Ms.] _____ Title _____

Company _____ Assistant _____

Address/Street _____

City / Postal Code _____ Country _____

TELEPHONE NUMBERS

Business _____ Mobile _____ Fax _____

Email Address _____ and _____

BUSINESS AND MANAGEMENT PLANNING AND OBJECTIVES

Please confirm Area of Interest: _____

Management Team:

Do you plan to devote full time to this Area Chatime business? Yes _____ No _____

If not, do you plan to employ experienced management? Yes _____ No _____

Do you plan to have equity partners? Yes _____ No _____

If yes, please identify all partners:

Name	City, Country	Telephone	Active/Passive

Projected date of first opening: _____

Please list top potential locations by type and/or city for consideration:

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Primary Financial Disclosure

Intended initial capital investment

Source	Amount (USD)
Owner (names)	
Loan (institution/lender)	
Total	

Business Ownership and/or Professional Experience

(You can attach a Curriculum Vitae/Résumé if available; Please provide your company's literature if applicable)

Present (or most recent)	
Company	
Type of Business	
Position	
Date	
Responsibilities:	
Previous position:	
Company	
Type of Business	
Position	
Date	
Responsibilities:	

Signature: _____ **Date:** _____

(Please print full name)