



# Eye Level Franchise Application Form

Thank you for your interest in Eye Level® Franchise opportunities. The completion and submission of this form places no continuing obligation on either Daekyo America or the applicant. It will provide confidential information we need to determine if you are qualified to start the process of becoming an Eye Level Franchisee. This application form is not intended as an offer to sell or the solicitation of an offer to buy a franchise. We offer franchises solely by means of our Franchise Disclosure Document (FDD). Certain states and foreign countries have laws governing the offer and sale of franchises. If you are a resident of one of these states or foreign countries, we will not offer you a franchise unless and until we have complied with all applicable legal requirements in your jurisdiction. Please print or type. Please attach additional pages if necessary. False or misleading statements on this form are grounds for terminating the application process and/or grounds for terminating your franchise, should you be granted one. This is not an employment contract or franchise agreement.

## Personal Data *(For all persons involved in ownership of business)*

Name: \_\_\_\_\_

Are you a US Citizen? Yes  No  If not, are you eligible to own a business? Yes  No

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State/Prov.: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

How long there? \_\_\_\_\_

If married: Spouse Name \_\_\_\_\_ Number of Children: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Business Address: \_\_\_\_\_ City: \_\_\_\_\_ State/Prov.: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## Business and Employment History

Applicant's Current Employment Status: Full Time  Part Time  Casual  Self-employed  Unemployed

Position Held: \_\_\_\_\_ How Long? \_\_\_\_\_

From:	To:	Organization:	Position:	Salary:

Spouse's Current Employment Status: Full Time  Part Time  Casual  Self-employed  Unemployed

Position Held: \_\_\_\_\_ How Long? \_\_\_\_\_

Have you ever owned a franchise or your own business? Yes  No  Type of Business: \_\_\_\_\_

Have you ever failed in business, filed bankruptcy or compromised with creditors? Yes  No

Are you currently or have you ever been involved in any lawsuits? Yes  No

If yes, give particulars: \_\_\_\_\_

Have you ever been convicted of a crime (except traffic misdemeanors)? Yes  No

If yes, give particulars: \_\_\_\_\_

**Education and Experience** *(For all parties involved in ownership of business)* Please attach your resume.

Please indicate each level you completed and if you graduated:

High School: \_\_\_\_\_ Graduated: \_\_\_\_\_

College: \_\_\_\_\_ Graduated: \_\_\_\_\_ Major: \_\_\_\_\_

Masters: \_\_\_\_\_ Graduated: \_\_\_\_\_ Major: \_\_\_\_\_

PhD: \_\_\_\_\_ Graduated: \_\_\_\_\_ Major: \_\_\_\_\_

Your education and special skills *(a personal resume is preferred)*

## Financial Information (Sources of annual income)

Assets		Liabilities & Net Worth	
List and describe all current assets.		List and describe all current liabilities, including any amounts for alimony and child support.	
	Amount (\$)		Amount
Cash (All Financial Institutions)	\$	Bank Loans	\$
Life Insurance CSV	\$	Mortgages on Real Estate	\$
Retirement Accounts	\$	Credit Cards <i>(itemize each below)</i>	\$
Marketable Securities	\$		\$
Accounts and Loans Receivable <i>(itemize)</i>	\$		\$
	\$		\$
	\$	Other Obligations <i>(itemize each below)</i>	\$
Auto (Make & Year)	\$		\$
Auto (Make & Year)	\$		\$
Real Estate Market Value	\$		\$
Business Interests	\$		\$
Other Assets	\$		\$
<b>(A) TOTAL ASSETS</b>	\$	<b>(B)TOTAL LIABILITIES</b>	\$
<b>(C) NET WORTH (A MINUS B)</b>	\$	If you are personally supporting any contingent obligations not listed above (e.g. co-signer, guarantor, endorser), please indicate the details below, including the amount of the obligation.	

Annual Income		Annual Expenditures	
Gross Income (salaries & wages)	\$	Mortgages/Rental Payments	\$
Commissions and Bonuses	\$	Real Estate Taxes	\$
Dividends and Interest	\$	Federal /State/Local/Provincial Income Taxes	\$
Rental Income	\$	Insurance Premiums	\$
Other Income <i>(itemize each below)</i>	\$	Credit Cards	\$
	\$	Consumer Loan Payments	\$
	\$	Alimony, Child Support & Maintenance	\$
Spouse's Gross Income	\$	Other Expenses <i>(itemize each below)</i>	\$
Other Income <i>(itemize each below)</i>	\$	Home Utilities	\$
<b>TOTAL INCOME</b>	\$	<b>TOTAL EXPENDITURES</b>	\$

Please indicate total amount and source of fund allocated to invest

Do you currently have a source of financing or any investor/associates who would join you in this venture? Yes  No

If yes, give particulars: \_\_\_\_\_

## Business Plan (Please attach your business plan if available)

**How did you learn about Eye Level?**

Newspaper  Teacher Referral?  Website?  Through a friend?  Radio?  Have children in Eye Level ?  Other?

**Please list your preference for locations if granted an Eye Level Franchise:**

a) \_\_\_\_\_ b) \_\_\_\_\_ c) \_\_\_\_\_

**If that area is not available, are there other areas of interest? Please list:**

a) \_\_\_\_\_ b) \_\_\_\_\_ c) \_\_\_\_\_

**If approved, when will you be able to open Eye Level Franchise?** \_\_\_\_\_

**If granted an Eye Level Franchise, when will you be available to open a location?**

Immediately:  Within 3 months:  Within 6 months:  Within 1 year:

**If granted an Eye Level Franchise, when will you be available for training?**

Immediately:  Within 3 months:  Within 6 months:  Within 1 year:

**Do you intend to work full or part time?** Full Time  Part Time

**If part time, how many hours per week will you devote to this business?** \_\_\_\_\_

**What is your business objective? (Why do you want to become a Eye Level Franchisee?)**

**Comments.** Please tell us anything else you think is relevant, such as family business history, your personal business objectives, and what your most significant contribution would be to this business.

I am submitting this franchise information to obtain further information about the Eye Level Franchise System. I understand that neither Eye Level nor I are under any obligation whatsoever. Should I proceed with my investigation of the Eye Level Franchise opportunity, my signature constitutes my approval for you to make a routine check and conduct such other searches, as you may consider appropriate.

The undersigned warrants that this information is true and correct and that Eye Level may consider this statement as true and correct until a written notice of change is given to Eye Level by the undersigned.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please fax your completed application form to 201-498-1218 or submit the application to [franchise@myeyelevel.com](mailto:franchise@myeyelevel.com)**  
Daekyo America, Inc. | 105 Challenger Road | Ridgefield Park, NJ 07660 | Tel: 888-835-1212 | Fax: 201-498-1218 | [www.myeyelevel.com](http://www.myeyelevel.com)



# Daekyo America, Inc. Authorization and Release Page

As part of the application and approval process I understand that certain background investigations may be conducted. I hereby authorize Daekyo America, Inc. (the "Company") or its agent to procure a Consumer Report which could include obtaining and/or verifying information regarding credit worthiness, credit standing, credit capacity, general character, general reputation or personal characteristics. This report may be compiled with information obtained from credit bureaus, court record repositories, department of motor vehicles, past or present employers, educational institutions, governmental occupational licensing or registration entities, business or personal references and any other source. I authorize law enforcement and other government agencies to release to the company, or its agent, any existing personal information regarding myself relative to the conviction of any criminal act. I authorize all appropriate individuals, companies, institutions, schools, government authorities to release, or verify any information. I understand that a photocopy of this authorization would be accepted with the same authority as the original.

**\*\*Legal Name: Mr./Mrs./Ms.** \_\_\_\_\_ **\*\*Social Security Number** \_\_\_\_\_  
Last First MI

**\*\*Previous Name Used:** \_\_\_\_\_

**Current Home Address:** \_\_\_\_\_  
Street Address (No P.O. Boxes) City State Zip Code

**How long have you lived at current address?** \_\_\_\_\_

**Previous Address:** \_\_\_\_\_  
Street Address (No P.O. Boxes) City State Zip Code

**How Long?** \_\_\_\_\_

**\*\*Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Driver's License Number:** \_\_\_\_\_ **State:** \_\_\_\_\_

**Gender: Male**  **Female**

**Have you ever been convicted of a crime other than minor traffic** Yes  No

**offenses?** If yes provide explanation:

Year of offense: County offense was committed: Offense Description: \_\_\_\_\_

**\*\*THIS INFORMATION IS REQUIRED IN ORDER TO CONDUCT AN ACCURATE CRIMINAL BACKGROUND SEARCH AND WILL NOT BE USED AS CRITERIA IN THE HIRING PROCESS, AS DESCRIBED BY THE AGE DISCRIMINATION ACT OF 1967.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Daekyo America, Inc. will not release personal information you provide us to third parties without your written consent, absent court order or legal process.