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coffee brewed freshly from the bean



**XPRESSO DELIGHT  
FRANCHISE APPLICATION FORM**



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# Franchise Application



## Personal Details

Full Name (First Name)	(Last Name)	Date
<input type="text"/>	<input type="text"/>	<input type="text" value="dd / mm / yy"/>
Address		
<input type="text"/>		
		Postcode
<input type="text"/>		
Home Telephone	Work Telephone	Mobile Phone Number
<input type="text" value="( )"/>	<input type="text" value="( )"/>	<input type="text"/>
Marital Status	Nationality	
<input type="text"/>	<input type="text"/>	
Spouse/Partners Name (First Name)	(Last Name)	Spouse/Partners Occupation
<input type="text"/>	<input type="text"/>	<input type="text"/>
Number of children	Ages	
<input type="text"/>	<input type="text"/>	

## Qualifications (Please include both tertiary and secondary education)

1. Name of Learning Institution

Qualification Gained

2. Name of Learning Institution

Qualification Gained

3. Name of Learning Institution

Qualification Gained

Professional Associations (please detail name of professional body)

1

2

3



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# Franchise Application



## Work History

Company 1

Address

Dates

Industry

Salary

Primary Tasks and Responsibilities

Company 2

Address

Dates

Industry

Salary

Primary Tasks and Responsibilities

Company 3

Address

Dates

Industry

Salary

Primary Tasks and Responsibilities



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## Experience Please answer the following questions regarding your business experience

Have you had any experience managing your own business? If so, please give details

Please give details of your experience with customer service.

Please give details of your experience in sales, networking and relationship building.

What languages besides English are you fluent in?

## Your Business Plans & Other Details

Explain the main motivating forces that have affected your interest in Xpresso Delight.

Is there a preferred area in which you would like to operate a franchise? If so, please specify.

How much immediate, liquid capital do you have available for this opportunity?

How much working capital have you budgeted for the first six months of operations?

What is the minimum monthly income you require to meet your current financial commitments?

Do you have other business interests or obligations?



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# Franchise Application



## Your Business Plans & Other Details

What are some of your general interests?

Are you involved in any community groups? Please detail.

What sports are you currently involved in?

Do you have a clean driving licence? Are there any conditions?

 State:

Have you previously been bankrupt within the last 10 years?

What constraints are currently on your time?

What is your attitude towards after hours work?



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**Rate Yourself on the Following** 1 being the lowest and 10 being the highest. Please tick appropriate level.

Sales experience

1  2  3  4  5  6  7  8  9  10

Networking experience

1  2  3  4  5  6  7  8  9  10

Cold calling experience

1  2  3  4  5  6  7  8  9  10

Level of drive

1  2  3  4  5  6  7  8  9  10

Experience in running your own business

1  2  3  4  5  6  7  8  9  10

Level of computer skills

1  2  3  4  5  6  7  8  9  10

Experience in dealing with people

1  2  3  4  5  6  7  8  9  10

Ambition to succeed

1  2  3  4  5  6  7  8  9  10



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# Franchise Application



## Statement of Financial Position

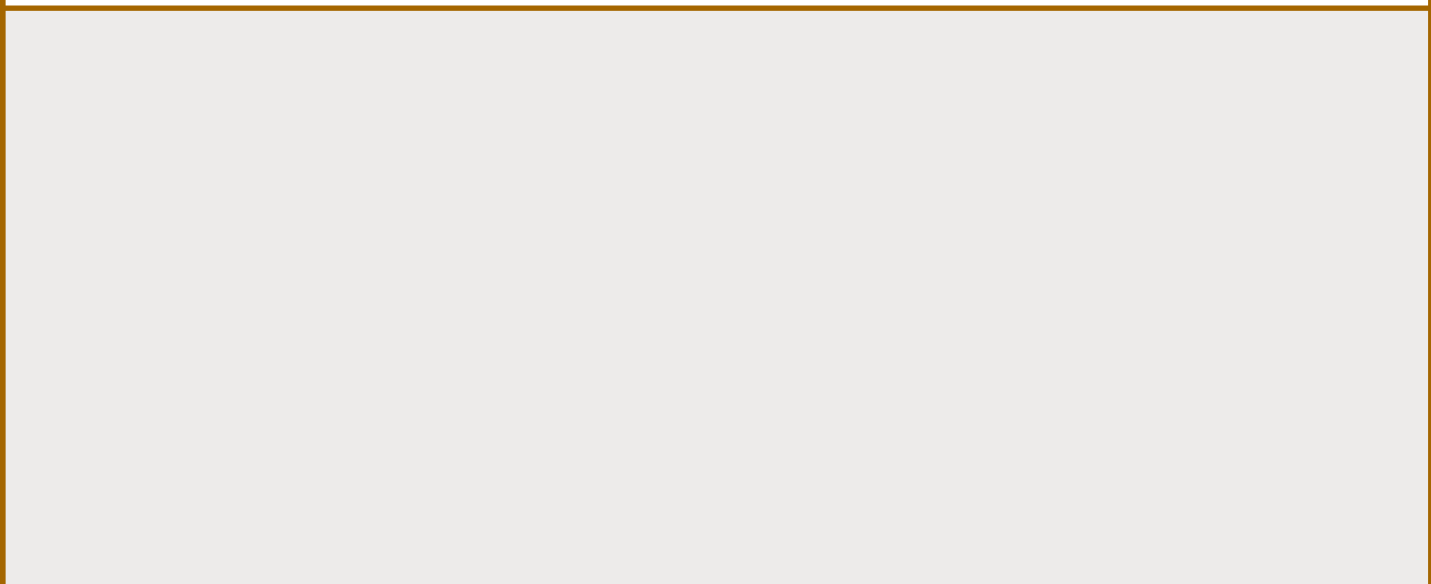
	<b>Assets</b>	<b>Liabilities</b>	
	\$ Value	\$ Value	\$ Monthly Payment
Real Estate 1	\$	\$	\$
Real Estate 2	\$	\$	\$
Real Estate 3	\$	\$	\$
Bank Account 1	\$	\$	\$
Bank Account 2	\$	\$	\$
Bank Account 3	\$	\$	\$
Motor Vehicle 1	\$	\$	\$
Motor Vehicle 2	\$	\$	\$
Shares/Bonds	\$	\$	\$
Other Investments	\$	\$	\$
Other Assets	\$	\$	\$
Personal Loans	\$	\$	\$
Overdrafts	\$	\$	\$
Personal Guarantees	\$	\$	\$
Credit Cards	\$	\$	\$
<b>Total</b>	\$	\$	\$
<b>Net Position</b>	\$	\$	\$

Your Solicitor

Phone Number

Your Accountant

Phone Number





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# Franchise Application



## Monthly Cost of Living

<b>Partner's Salary (nett)</b>	
Rent	\$
Mortgage	\$
Telephone & electricity	\$
Council & water rates	\$
Strata levies	\$
Food & groceries	\$
Entertainment	\$
Travel & miscellaneous	\$
Car (petrol, maintenance, insurance, rego)	\$
Insurance (health & other)	\$
Clothing & household needs	\$
<b>Total</b>	\$
<b>Nett Surplus/(Deficit)</b>	\$

Large empty area for additional information or notes.



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## Referees

Please detail the names of some work/business referees whom we may contact.

When providing references, it is preferable to provide name of individuals who were directly in charge of or a partner of you.

In order to ensure your application remains strictly confidential, unless otherwise stipulated, your current employer will not be contacted at any stage.

Full Name Referee 1. (First Name) (Last Name) Company

Phone Number Position

Full Name Referee 2. (First Name) (Last Name) Company

Phone Number Position

Full Name Referee 3. (First Name) (Last Name) Company

Phone Number Position

I clarify that all the information given on this application form is true and accurate and that Xpresso Delight may consider me for a franchise based on the information.

I acknowledge that all such information and documentation as may now or hereafter be disclosed to me is confidential and the property and copyright of Xpresso Delight.

I understand that, except as permitted by any written agreement signed by a director of Xpresso Delight, no such information or documentation as I now or subsequently receive or obtain shall, in any circumstances be disclosed to any person, firm or company, or be used by me, any associates of mine or any firm in which I have/may acquired any interest.

FULL NAME OF APPLICANT <input type="text"/>	SIGNATURE OF APPLICANT <input type="text"/>	DATE dd / mm / yy <input type="text"/>
--	--	--

Please sign, date and return application to:

**Franchise Business Development Manager**  
**Xpresso Delight Pty. Ltd.**  
**8 Adams Street**  
**Breakfast Point NSW 2137**

or fax to:

**02 9743 5554**