

Take the next step towards owning your own business...

If you are interested in getting more detailed information on the Chyten franchise program, please complete this form and return to us by fax (781-541-6281) or you can e-mail it to franchising@chyten.com. We will call you upon receiving this form to give you a personal look into our franchise opportunity. All information is confidential.



PERSONAL DATA (PLEASE PRINT)

Last Name First Name Middle Initial

Address _____

City _____ State _____ Zip _____

Home Phone (_____) _____

Cell Phone (_____) _____

E-Mail _____

Best time to call _____

Marital Status _____ No. of Children at Home _____

Date of Birth _____

SPOUSE DATA (IF APPLICABLE)

Last Name First Name Middle Initial

Occupation _____

Annual Income _____

Will spouse be active in the business? _____

PREFERRED MARKET AREA(S)

First Choice (City, State) _____

Second Choice (City, State) _____

PROFESSIONAL EXPERIENCE

Current Job Title / Duties _____

Years at Current Job _____

Annual Income (Incl. Bonuses) \$ _____

EDUCATION

Last Year Completed _____

Degree(s) / Major(s) _____

FINANCIAL INFORMATION

How much liquid capital do you have to invest?
\$25,000 - 50,000 \$75,000 - 100,000
\$50,000 - 75,000 Other \$ _____

How will you obtain funding for the franchise purchase and working capital while building the business?
Savings/Investments Home Equity Loan

Other Loan (Type) _____

Other Source _____

REAL ESTATE

Do you own your home? Yes No

If so, approximate current value _____

Approximate mortgage remaining _____

Briefly, tell us why the Chyten franchise is of interest to you and how you see yourself operating the center: _____

When do you anticipate starting your business? _____

CHYTEN FRANCHISING, INC.
1723 Massachusetts Avenue
Lexington, MA 02420
Phone: 800-428-TEST • Fax: 781-541-6281

Signature _____ Date _____