



**DISCOUNT SUPPLEMENTS DIRECT**  
 WEIGHT LOSS • NUTRITION • FITNESS

Package Sent:
FDD Sent:
Receipt Returned:

FOR OFFICE USE ONLY

**Franchise Application**

This form, when completed, is an essential part of our consideration in granting a franchise to you. Please print or type and give specific answers to all questions. All answers are held in confidence. Each proposed partner of the franchise group should complete a copy of this form.

APPLICANT INFORMATION			
Full Name:			
Soc. Sec. #	Date of Birth: / /	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Marital Status:	No. of Dependents:	Dependent's Ages:	
SPOUSE INFORMATION (if applicable)			
Full Name:			
Soc. Sec. #	Date of Birth: / /	<input type="checkbox"/> Male	<input type="checkbox"/> Female

RESIDENCE			
Primary Residence:			
		<input type="checkbox"/> Own	<input type="checkbox"/> Rent
City:	State:	Zip:	
Metro:	County:	Phone:	Email:
Previous Address:		Business Phone:	
		<input type="checkbox"/> Own	<input type="checkbox"/> Rent
City:	State:	Zip:	
Metro:	County:	From: / /	To: / /

EDUCATION	APPLICANT	SPOUSE
Highest Level Completed:	<input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 16+	<input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 16+
Highest Degree Earned	<input type="checkbox"/> HS <input type="checkbox"/> BA/S <input type="checkbox"/> MA/S <input type="checkbox"/> PhD <input type="checkbox"/> Other	<input type="checkbox"/> HS <input type="checkbox"/> BA/S <input type="checkbox"/> MA/S <input type="checkbox"/> PhD <input type="checkbox"/> Other
Major Field of Study:		
College/University:		

How did you become aware of the Discount Supplements Direct franchise opportunity?

<b>BUSINESS EXPERIENCE</b>			
Present/Most Recent Position:			
Previous Position:			
Spouse Business Experience:			
Have you ever operated a business? <input type="checkbox"/> YES <input type="checkbox"/> NO      If YES, what type?			
List other business alliliations (Officer, Director, Partner, etc):			

<b>BUSINESS AND MANAGEMENT GOALS</b>			
Do you plan to devote full time to this venture? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Will your spouse be active in the franchise? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Do you plan to have equity partners? <input type="checkbox"/> YES <input type="checkbox"/> NO    If YES, please identify all partners:			
NAME	ADDRESS	PHONE #	ACTIVE IN FRANCHISE?
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
Location Preference (City/State/Zip)		Comments:	
1st			
2nd			
3rd			
Would you consider an existing store opportunity? <input type="checkbox"/> YES <input type="checkbox"/> NO			

<b>REFERENCES</b>				
NAME / TITLE	ADDRESS	CITY/STATE/ZIP	PHONE #	OK TO CONTACT?
				<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO

FINANCIAL STATEMENT

DATE:

Cash in Bank	Checking		Notes Payable to Others (Detail)	
	Savings			
	Mutual Funds		Installment Debt Payable: Credit Cards	
			Auto/Boat	
Notes Receivable			Taxes Payable	
Readily Marketable Securities			Mortgages or Liens on Real Estate	
Other Investments			Loans on Life Insurance	
Cash Surrender Value of Life Insurance			Other Liabilities (Detail)	
Non-Current Assets				
Mortgages & Deeds of Trust Owned				
Real Estate (see Schedule 1 below)				
Automobiles & Other Vehicles				
Personal Prop./Household Goods				
Other Assets (Detail)	IRA's		<b>TOTAL LIABILITIES</b>	
	Retirement Funds			
	401(k)'s		<b>NET WORTH (TOTAL ASSETS - LIABILITIES)</b>	
<b>TOTAL ASSETS</b>			<b>TOTAL</b>	

<b>MONTHLY</b>					
Salary		Mortgage		As Endorser	
Spouse's Salary		Auto, Boat, 2nd Home		As Guarantor	
Dividends		Credit Cards		On Damage Claims	
Interest		Insurance		For Taxes	
Fees or Commissions		Notes Payable		Other	
Rentals		Living Expense		Rentals	
Other (Describe)		Other		Check Here if "NONE"	
<b>TOTAL INCOME</b>		<b>TOTAL MONTHLY EXPENSE</b>		<b>TOTAL CONTINGENT LIABILITIES</b>	

SCHEDULE 1 REAL ESTATE

Item No.	Location & Type of Property	Title in Name of	Monthly Payment	Market Value	Mortgage Balance	Date Purchased
1						
2						
3						

The information contained in this document has been prepared to the best of my (our) ability, and I (we) have not knowingly withheld any material information of an adverse nature. I (We) understand that this information may be relied upon by the creditor to extend credit to me (us). It is understood that the purpose of this questionnaire is for general information and is in no way binding upon either the Company or the candidate. Consent is given for a credit report to be obtained by the Company. It is however, understood that the candidate supplies this information contained herein, to the best of his or her knowledge and ability and that the Company relies on this fact in assessing the desirability and qualifications of the candidate.

Please attach resumes for yourself and for your spouse and/or partners if they plan to be involved it the franchise.

---

Applicant's Signature

Date

---

Spouse's Signature

Date

**Return this completed package to:**

DSD Franchise Concepts  
Attention: Jacob Bradsher  
2704 North Mall Drive Ste. 104  
Virginia Beach, VA 23452

**Or e-mail to:**

franchiseinfo@dstore.com  
Subject: Franchise Opportunity Request

This information is not intended as an offer to sell, or the solicitation of an offer to buy, a franchise. It is for information purposes only. The offer of a franchise can only be made through the delivery of a franchise disclosure document. Certain states require that we register the franchise disclosure document in those states. We are not directing the communications on this web site to the residents of those states. Moreover, we will not offer or sell franchises in those states until we have registered the franchise (or obtained an applicable exemption from registration) and delivered the franchise disclosure document to the prospective franchisee that complies with applicable law.