



New Jumping Jacks Application

This application does not obligate or accept the applicant to become an owner of a Jumping Jacks location. Please complete this application in its entirety. If an item is not applicable, enter "N/A". Please use a separate sheet if more space is required to answer a question.

Personal Data

Last Name	First	Middle
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Home Address		
<hr/>		
City	State	Zip
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Home Phone/Alternate Phone	Fax Number	E-mail Address
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Date of birth	Citizenship Status	
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Marital Status		Graduated (check all that apply)
Single	Married	Divorced
	H.S.	J.C.
	4 yr. College	Post Graduate
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Current Employment Status	Company Name	Type of Business
Currently Employed	Self-Employed	Retired
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Highest Position Held	Length of Employment	City & State of Company
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If any other individual, other than your spouse, will be involved in the ownership of a location, please list their name below and have them fill-out a separate application.

1. First/Last Name	Address	Phone #
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2. First/Last Name	Address	Phone #
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I understand that the information I am receiving from Jumping Jacks Management, employee, agent or existing Jumping Jacks personnel is highly confidential and is being made available to me because of this application, and will be held in the strictest confidence.

I authorize Jumping Jacks, or its agents, to use this information to run credit checks and to submit this information to other financial entities for the purposes of evaluating approved lines of credit.

I understand that I will have to successfully complete the Jumping Jacks training program before I will be allowed to open for business.

Fair Credit Reporting Act Notice

In connection with this application for more ownership information for Jumping Jacks, please be advised that, as part of this application process, we require and will order a credit report or a consumer credit report regarding your credit experience. This report may contain information on your character, general reputation, personal characteristics or mode of living in addition to your actual credit experience from persons or firms with which you have done business, your credit worthiness, credit standing and credit capacity. You have the right given by Federal law and, depending on the applicable State Law, to know the nature and scope of the information given in this report. You must, however, make a written request for that information. Further, in the event we deny your application based on any information that we receive from the credit reporting agency, you have the right within 60 days to make a writing request that we disclose the nature of the information that we received to you. We shall advise you of the information in the consumer report and the name and address of the consumer reporting agency from which we received the information.

By my signature below, I acknowledge receipt of a copy of this information letter and further authorize Jumping Jacks to obtain a copy of my credit report.

Signature in INK

DATE

Please fax completed application to:
(310) 635-6266

Or Mail to:
Jumping Jacks
1233 Cypress Circle
Carson CA 90746