



G.U.R.
GIDDY UP RIDES™

1528 Highland Ave, Duarte, CA 91010 | t: 888-800-3133 x2 | f: 888-800-3133 |
 email: support@giddyuprides.com website: www.giddyuprides.com

The submission of this application does not obligate Giddy Up Rides or you in any way or manner. If spouse or any other person will be a co-owner, please fill out a separate application. Please print or type all information requested. Additional information not included in this application should be attached if needed.

PERSONAL INFORMATION

Mr./Mrs./Ms.	Last Name	First	Middle	Also Known As
Address		City	State	Zip Code
Mailing Address (if different from above)		City	State	Zip Code
Home Phone	Mobile Phone	Fax	Email Address	
Social Security #		Date of Birth	Driver's License #	

PRE-QUALIFICATION DATA

1.Are you currently a U.S. Citizen?	yes	no
2.If not, what is your immigration status? (please attach copies of supporting document)		
3.Have you ever been convicted of a felony or misdemeanor or are such charges pending or being appealed or are you under indictment (minor traffic violations are not included)	yes	no
4.Have you ever filed for bankruptcy?	yes	no

5. Do you have a minimum of \$15,000 liquid assets to begin financing this franchise venture?	yes	no
6. Are you or is your employer providing products, goods or services to Giddy Up Rides or any of its affiliates?	yes	no
<i>Note: If you answer YES to Question 3,4,&6, please explain.</i>		

BUSSINESS EXPERIENCE

(Work history and/or business started. Please give present or most recent position first)

(1) Company Name	Position/Title	Type of Business	Annual Salary
Street	City	State	Zip Code
Date Employed	Telephone Number	Website	
(2) Company Name	Position/Title	Type of Business	Annual Salary
Street	City	State	Zip Code
Date Employed	Telephone Number	Website	
Briefly describe your duties and responsibilities at work			
*May we contact your current employer?			yes no
*May we contact you at your business?			yes no
<i>*Note: Please attach a resume to this application. The resume would provide us a better understanding and serve as reference of your business experience.</i>			

EDUCATION

Name of school last attended:
Degree(s), Certificate(s) or Award(s) obtained:

BUSINESS INTEREST

What percentage of the equity of this business will you own?		%
What amount of cash will you personally invest in this business?	\$	
What is the source of funding for your investment? (e.g. savings, stocks, real estate, or loan etc.)		
How actively involved would you be in the day-to-day operations of this business?		
Will you have a business partner(s)? (if YES, please have Partner(s) fill a separate application)	yes	no
If you have business partner(s), who will be the operating partner?		
Are you going to be the manager of your future store?	yes	no
If you answer "NO", please fill out the name who will be the manager of your store		
What is the total amount your business partner(s) will invest in this business?	\$	
Do you currently have a location? (if YES, write address below)	yes	no
Street	City	State
		Zip code

REFERENCE CHECK AUTHORIZATION

Last	First	Middle
Social Security #	Date of Birth	Driver's License #
Residence	City	State
		Zip code
NOTE: Separate application and financial statements or source(s) of funding are required of each partner/owner. The undersigned certifies that the information furnished in this Giddy Up Rides Application is true, correct and complete. I also authorize Giddy Up Rides to make any additional character check which it deems necessary, and to release to prospective financing sources such financial and other information concerning me (us) in its files may be requested.		
Signature	Applicant Name	Date
Signature	Applicant Name	Date