



STORE OWNER APPLICATION FORM

Please submit your owner application by one of the following methods:

1. Sign digitally and email to your sales contact directly
2. Email a signed and scanned copy
3. Or, fax a signed copy to 801-562-3004 (Attn: Sales)

Cariloha acknowledges that this information is extremely confidential and will be used strictly for the purpose of qualification with Cariloha. It will not be shared with any other source or service.

Date _____

The following information is the basis for my store application.

Please Note:

- *A married couple who are together seeking to become Cariloha store owners may submit one application together. If beneficial, please identify current employment of each spouse. Both applicants must sign the 'Signatures' section of this application.*
- *A married individual or significant other listing jointly held assets and corresponding liabilities should identify the joint nature of the same.*

Applicant Name: _____

Address: _____

Street Address _____ City _____ State _____ Zip Code _____

Social Security No. _____

Home Telephone: _____ Bus. Telephone: _____ May we call your business: Yes / No

Fax Number: _____ Best time to call home: a.m. p.m. Best time to call business: a.m. p.m.

PERSONAL INFORMATION

Date of Birth: _____ Marital Status: _____ Occupation: _____

Country of Citizenship: _____

Spouse's Name: _____ Spouses Occupation: _____

Spouse's Date of Birth: _____ Spouse's Social Security Number: _____

Do you own or rent your home? How long: _____

Have you ever been convicted of a felony or misdemeanor or are such charges pending, being appealed, or are you under indictment? (Do not include minor traffic violations) Yes / No

If yes, please state details: _____

EMPLOYMENT EXPERIENCE

Present Employment _____

Company: _____ **Position:** _____

Employed from _____ **to** _____ **Telephone:** _____ **Annual Salary: \$** _____

Describe duties, responsibilities and number of employees under your supervision:

Joint Applicant Employment Info:

INFORMATION FOR INTENDED STORE

Please state the geographic location where you intend to open a Cariloha store _____

Do you currently have a specific store site identified? Yes / No

If yes, please specify _____

How far do you currently live from the proposed location above? _____

Would you be interested in other locations outside of your geographical area? Yes / No

When would you like to open your own Cariloha store (please provide us with an ideal date)? _____

What are your intentions regarding the operations of your store? (Please check one)

I intend to operate the store full-time.

I intend to operate the store part-time.

Ownership of the store is intended to be supplemental income, I will hire others to manage the day-to-day operations in my absence.

Other (please describe) _____

How do you intend to finance the start-up costs associated with opening your Cariloha store?

(please check one)

Pay Cash

Small Business Loan or other Bank Loan

Home Equity Loan or Line of Credit

Investor / Partner (If you are using a partner, please have them also fill out a separate application.)

Other (please describe)

CARILOHA PERSONAL FINANCIAL STATEMENT

ASSETS LIABILITIES

Omit Cents Omit Cents

Cash on hand in banks	\$ _____	Consumer Installment Accounts	\$ _____
Accounts and Notes Receivabl	\$ _____	Mortgages on Real Estate	\$ _____
IRA, 401K, or other retirement acts	\$ _____	Taxes.....	\$ _____
Marketable Stocks and Bonds.....	\$ _____	Other Liabilities	\$ _____
Real Estate Owned	\$ _____	Total Liabilities.....	\$ _____
Life Insurance- Net Cash Value	\$ _____		
Personal Property and Other Assets.....	\$ _____		
Total Assets.....	\$ _____	Total Net Worth (Assets minus Liabilities)\$	_____

**** If you are located outside of the U.S.A, please include a copy of your most recent bank statement.***

ADDITIONAL SOURCES OF INCOME

Net Investment Income \$ _____

Real Estate Income \$ _____

Other Income (Describe below) \$ _____

Have you ever filed for bankruptcy? Yes / No

If yes, please state details:

SIGNATURES

I/we hereby authorize Cariloha L.C., or whomever they may appoint, or any credit bureau, other investigation agency, or other financial institution, to investigate the references and statements submitted to obtain information regarding employment, credit, and bank and savings accounts as needed to process this application.

I/we certify that the information supplied on this personal financial statement and any financial information submitted on other forms is true, correct and complete. **Processing of this application will not begin until complete information is submitted.**

Dated this _____ day of _____, 20____

Applicant Name _____ Signature _____

Joint Applicant Name _____ Signature _____

CARILOHA USE ONLY

Credit Report Approval _____ Date _____

Partner Approval _____ Date _____