

**PERSONAL INFORMATION:**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Please describe your current or most recent work experience (if unemployed)**

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Are/were you an owner or employee? \_\_\_\_\_

What is/was your involvement in providing medical eyecare services?

\_\_\_\_\_  
\_\_\_\_\_

**MOA OPPORTUNITY INTEREST:**

Are you applying with any other optometrist?  Yes  No

If yes, please provide their name(s) and phone number(s) \_\_\_\_\_

\_\_\_\_\_

If you are an owner of an existing practice, please categorize your current revenue % between medical services and vs optical sales.

\_\_\_\_\_

If you are applying to start a new location, please provide:

Your desired territory or geography \_\_\_\_\_

Interest in single unit vs multiple units \_\_\_\_\_

**How did you hear about us?**

- TradeShow/Event                       Internet                       Media/Advertising  
 Referred by Franchisee / Practice Owner                       Other \_\_\_\_\_

**YOUR FINANCIALS AND EXPERIENCE:**

My estimated net worth is \_\_\_\_\_ as of \_\_\_\_\_ (date)

My liquid assets are worth \_\_\_\_\_ as of \_\_\_\_\_ (date)

My personal/family income on my most recent tax return is  
\_\_\_\_\_ as of \_\_\_\_\_ (date)

**Do you have a current banking relationship that could serve as financing source?**

Yes     No    If so, please provide the following:

Name: \_\_\_\_\_

Location: \_\_\_\_\_

**Which national, state, or local organizations do you belong to?**

\_\_\_\_\_

**Do you have any of the following sub-specialties?**

- Specialty Contact Lenses                       Glaucoma  
 Myopia Control                       Vision Therapy  
 Dry Eye Disease                       Other \_\_\_\_\_

**Do you have any of the below certifications?**

- Laser Board Certification                       Injection Certification                       Board Certification

Please attach your Resume/CV with this application

## DISCLAIMER

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The information in this franchise application does not constitute an offer to sell a franchise. The offer of a franchise can be made only through the delivery of a Franchise Disclosure Document (“FDD”). Certain jurisdictions require that we register the FDD in those jurisdictions. We will not offer or sell franchises in those jurisdictions until we have registered the franchise (or obtained an applicable exemption from registration) and delivered the FDD to the prospective franchisee in compliance with applicable law.