



PRELIMINARY FRANCHISE APPLICATION

Please fax to 714-572-4300 Franchise Sales Department

APPLICANT INFORMATION

Name:

Date of birth:

SSN:

Phone:

Phone:

E-mail:

Fax:

Current address:

City:

State:

ZIP Code:

Own Rent (Please circle)

Monthly payment or rent:

How long?

OTHER LOANS, DEBTS, OR OBLIGATIONS

Description

Account no.

Amount

OTHER ASSETS OR SOURCES OF INCOME

Description

Amount per month or value

FRANCHISE INFORMATION

Area of Geographic Interest: (1)

(2)

Number of Masala Bowl Restaurants you would like to develop?

Business Background: Individual:

Additional Partners:

Approximate net worth: Individual _____ Partners _____

Capital available for Investment: Individual _____ Partners _____

Who will be the operating partner?

How did you hear about Masala Bowl?

I authorize CGI Restaurants, LLC. to verify the information provided on this form as to my credit and employment history.

Signature of applicant

Date

Note: Each additional partner is required to fill out a preliminary franchise application.

All parties agree to maintain each other's private information as CONFIDENTIAL.

The submission of this preliminary application does not obligate either the applicant or CGI Restaurants, LLC. in any manner, nor does it imply that there is any legal or commercial relationship between either party. Information concerning Masala Bowl franchises can be found in the Uniform Franchise Offering Circular. This is not an offer to sell a franchise. Completion of this form is only one of many steps in the process of acquiring a Masala Bowl franchise.

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www.masalabowl.com

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