



All individuals and/or partners who will own and operate an EnergyCraft Systems franchise must submit a completed application.

1. Name		2. Address	
3. City	4. State	5. Zip	
6. Home Phone	7. Business Phone	8. Fax	
9. Email	10. Best time to be reached:		Office Use Only
11. Describe why you are committed to becoming a self-employed franchisee owner:			
12. How are you able to secure the appropriate funding?			
13. I am ready to begin the franchise application process within... <input type="checkbox"/> One month <input type="checkbox"/> Three months <input type="checkbox"/> Six months <input type="checkbox"/> Within one year <input type="checkbox"/> Within two or more years			
14. I'm interested in the following market:			
15. Why do you feel you have the required background?			
16. Give brief explanation of your professional experience:			
17. Degree or last year of school completed:		Name of College (if applicable):	
18. How did you hear about EnergyCraft Systems? <input type="checkbox"/> Word of mouth <input type="checkbox"/> Direct mail <input type="checkbox"/> Trade publication <input type="checkbox"/> Local contractor center <input type="checkbox"/> Trade show <input type="checkbox"/> Other: _____			
19. Why are you interested in this opportunity?			
(continued on reverse)			

20. Agreement

All information contained herein is confidential and is strictly for the purpose of facilitating the ENERGYCRAFT SYSTEMS, INC. franchise application process. All applicants will receive consideration without regard to race, color, religion, sex or national origin. The submission of this application does not obligate either the applicant or ENERGYCRAFT SYSTEMS, INC. in any manner, nor does it imply that there is any legal or commercial relationship between either party. ENERGYCRAFT SYSTEMS, INC. reserves the sole right to approve or disapprove the Application for any reason it may determine, and in the event that ENERGYCRAFT SYSTEMS, INC. disapproves the Application, it shall have no liability to the undersigned. It is merely a preliminary procedure. Acknowledgment is made that the information supplied by me is true and correct. I hereby authorize ENERGYCRAFT SYSTEMS, INC. to obtain any information that it deems appropriate to evaluate my suitability as a potential franchisee.

Signature

Date

If you need any assistance in completing your application, or if you require additional information regarding the application process, please call (800) 350-0776.

After completion, please return to:

**EnergyCraft Systems
PO Box 58
Stoughton, WI 53589
Fax: (608) 873-8274**