



## Secure-All Security Agency, LLC.

Security is always a safe investment!

### NON-BINDING PRE-LEASE FRANCHISE APPLICATION FORM

All information applied herein shall be reserved solely for the purpose of applying for a Secure-All Security Agency Franchise. None of the applicant's personal information gathered here shall be disclosed to another party or person unless requested by law. Submitting this completed form does not bind either party to a contract. This form must be completed by all members of the board of directors of the candidate applicant organization.

**NAME OF APPLICANT:** \_\_\_\_\_

**PROPOSED FRANCHISE LOCATION:** \_\_\_\_\_

#### PERSONAL INFORMATION

**CURRENT RESIDENTIAL ADDRESS:** \_\_\_\_\_

Email: \_\_\_\_\_ Home #: \_\_\_\_\_

Mobile #: \_\_\_\_\_ Work #: \_\_\_\_\_

DOB: \_\_\_\_\_ Age: \_\_\_\_\_ TIN: \_\_\_\_\_ EIN: \_\_\_\_\_

RESIDENCE:  Own  Rent  Other: \_\_\_\_\_ Time at current residence: \_\_\_\_\_

#### FINANCIAL INFORMATION

EMPLOYMENT:  Employed  Self-Employed  Retired  Unemployed

COMPANY NAME: \_\_\_\_\_

BUSINESS TYPE: \_\_\_\_\_ POSITION: \_\_\_\_\_

COMPANY ADDRESS: \_\_\_\_\_

TIME WITH COMPANY: \_\_\_\_\_ OFFICE PHONE NUMBER: \_\_\_\_\_

OTHER SOURES OF INCOME: \_\_\_\_\_

TOTAL GROSS ANNUAL INCOME FROM ALL SOURCES: \_\_\_\_\_

CURRENT NET WORTH (Total Assets Less Liabilities): \_\_\_\_\_

CURRENT FINANCIAL INSTITUTION: \_\_\_\_\_

INSTITUTION ADDRESS: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_



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### PROFESSIONAL REFERENCES

REFERENCE #1: Name \_\_\_\_\_ Occupation \_\_\_\_\_

Phone \_\_\_\_\_ Years Known \_\_\_\_\_

REFERENCE #2: Name \_\_\_\_\_ Occupation \_\_\_\_\_

Phone \_\_\_\_\_ Years Known \_\_\_\_\_

### CAREER RECORD

COMPANY \_\_\_\_\_ POSITION \_\_\_\_\_ YEARS \_\_\_\_\_

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COMPANY \_\_\_\_\_ POSITION \_\_\_\_\_ YEARS \_\_\_\_\_

### SECURE-ALL SECURITY AGENCY FRANCHISE PACKAGE(S) INTERESTED IN

- Private Security Services
- Mobile CCTV Monitoring Rentals
- Drone Services
- Emergency Equipment Sales
- CCTV Sales & Services
- Physical Protection Equipment Sales

### VERIFICATION

I confirm my genuine interest in the Secure-All Security Agency Franchise Package(s) and that the facts provided in this form are true and correct. I further authorize Secure-All Security Agency or it's duly authorized representative(s) to contact any person(s) or organization(s) named and indicated in this form for background checking.

\_\_\_\_\_

Signature

Date Signed \_\_\_\_\_

\_\_\_\_\_

Print Name

Please send this completed form to the following address or e-mail  
Secure-All Security Agency, LLC.  
2048 Wood Hall Way, Dover, PA 17315  
[info@secureallsayork.com](mailto:info@secureallsayork.com)