

ExcelSave – Own-A-Business Application Form

Thank you for your interest in building a business with ExcelSave. Please complete this application form in full. Your information will remain confidential and used only for evaluation and onboarding purposes.

Section 1: Personal Information

Full Name		
Date of Birth		
Gender		
Home Address		
City / State / Zip		
Phone Number / Email		
Section 2: Background Information		
Current Occupation/Business		
Employer/Business Name		
Years of Experience		
Education/Certifications		
Industry/Field of Interest (Health		
Education, Insurance, Both, Other)		
Section 3: Business Interest		
1. Why do you want to own a business with ExcelSave?		
2. Which of the following interests you the most? (check all that apply)		
☐ Health Training & Education (CPR, BLS, Wellness)		
☐ Financial Services & Insurance		



\square Community Partnerships & Outreach	
☐ Building a Team	
3. Preferred Working Arrangement: □ Pa	rt-Time 🗆 Full-Time 🗆 Flexible
Section 4: Resour	ces & Commitment
How much time per week can you	
commit?	
Initial investment range (\$0-\$500,	
\$500-\$1,500, \$1,500-\$5,000, \$5,000+)	
Do you have prior experience in	
sales/education/leadership? (Yes/No +	
Describe)	
Section 5: References	
Professional Reference (Name &	
Contact)	
Personal Reference (Name & Contact)	
Section 6:	Declaration
I,, declare	e that the information provided above is
true and complete to the best of my know	vledge. I understand that submission of this
application does not guarantee acceptance into ExcelSave's business program.	
Signature	Date: / /

Submit to: info@excelsave.com