



NON DISCLOSURE AGREEMENT

TO: {Master Franchisee}
{Address}

I am applying to be a The Cheesecake Shop Franchisee. In consideration of your considering my application and spending your time and efforts in the franchisee selection process:

- 1) I understand that in viewing a The Cheesecake Shop store, reviewing documentation, learning about your franchise system and store operational procedures, I will receive information relating to your business known as The Cheesecake Shop including your unique recipes, processes, service practices and standards and merchandising practices.
- 2) I agree that the information of whatever nature relating to your business whether prior to, at the time of, or after signing this agreement is confidential and consists of trade secrets and is solely the property of your company.
- 3) I agree that I must:
 - keep the information secret and confidential.
 - not disclose (including to any business associate or employee), make copies of, or use directly or indirectly, any of the information gained from your company, for my benefit nor for the benefit of others without your express written consent.
 - not directly or indirectly turn to my own advantage in any way or profit from the use of the information other than as a The Cheesecake Shop Franchisee or Master Franchisee.
 - return all materials provided by your company immediately on request.
4. Without in any way limiting the remedies available to you, I agree to indemnify your company against any loss, damage, cost or expense suffered or incurred by your company directly or indirectly, in connection with or arising out of, or as a result of any breach of the terms of this agreement.
5. I am not connected in any capacity with a similar business or service to that of a The Cheesecake Shop franchisee, nor have I been directed to obtain information on behalf of another company or individual.

Name: _____

Home Address: _____

State: _____ Post Code: _____

Telephone (H): _____ Telephone (W): _____

Your Signature: _____ Date: _____

Signature of Witness: _____ Date: _____

Print Name of Witness: _____

Address of Witness: _____

Note: This Agreement must be completely filled out, signed, dated and witnessed before your application can be considered.