

C O N F I D E N T I A L



# Request for Consideration

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Vice President of Franchise Development

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Approval Date

Tallahassee, FL 32308

This form, when completed, is an essential part of evaluating your qualification to be awarded a Body Trac Health & Fitness franchise. Please print or type and give specific answers to all questions. All answers are held in strictest confidence. The completion of this form does not obligate Body Trac Health & Fitness or you in any way or manner. This form is to be completed by each proposed principal or partner of the Franchise business.

## Applicant's Personal Data

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Social Security # \_\_\_\_\_ Marital Status  Single  Married  Separated

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Business Phone (\_\_\_\_) \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_

Mobile Phone (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

Number of dependents and ages \_\_\_\_\_

Are you a US citizen?  Yes  No If not, what country? \_\_\_\_\_

Other than minor traffic violation, have you ever been convicted of, or pled guilty or no contest to a felony or a misdemeanor? If yes, please state details. \_\_\_\_\_

## Education (highest level attained)

High School  College 1 2 3 4  Associate  Bachelors  Masters  Doctorate

## Employment History

From - To	Company	Position	Annual Income
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Have you ever owned or been a partner in a business?  Yes  No

Please provide details \_\_\_\_\_

## Net Worth

Please indicate your net worth:  Under \$100,000  \$100,000 - \$250,000  \$250,000 - \$500,000  Over \$500,000

How much liquid assets do you have available for the purchase?

Under \$50,000  \$50,000-\$100,000  \$100,000 - \$200,000  Over \$200,000

Investment time frame:  Immediately  1-3 Months  4-6 months  7-12 months  Over 1 year

## Management Goals

Do you plan to devote yourself full time to this business venture?  Yes  No

Will your spouse be active in the franchise?  Yes  No

Do you plan to have equity partners?  Yes  No

If yes, please identify all partners: NAMES ADDRESS PHONE ACTIVE IN MANAGEMENT?

When will you be available to open the business? \_\_\_\_\_ Capital available to invest \$ \_\_\_\_\_

What is the source of your franchise fee and initial start-up capital? \_\_\_\_\_

Location Preference: 1st Choice City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_

2nd Choice City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_

Would you be willing to relocate?  Yes  No

Describe any past experience in marketing, sales and/or operating a business.

Please attach current resume(s).

# Personal Financial Statement

Name \_\_\_\_\_

Housing  Own  Rent  Buying  Other \_\_\_\_\_ \$ \_\_\_\_\_ Monthly Payment

Name & Address of Employer \_\_\_\_\_

Position \_\_\_\_\_ Length of Emp. \_\_\_\_\_ Bus. Phone (\_\_\_\_) \_\_\_\_\_

## Spouse

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Social Security # \_\_\_\_\_

Name & Address of Employer \_\_\_\_\_

Position \_\_\_\_\_ Length of Emp. \_\_\_\_\_ Bus. Phone (\_\_\_\_) \_\_\_\_\_

## Financial Information as of (date) \_\_\_\_/\_\_\_\_/\_\_\_\_

*If you are married, please complete all information for yourself and your spouse*

Assets	Amount	Liabilities	Amount	Payment
Cash in Bank	_____	Income Taxes Payable	_____	_____
Cash in Other Institutions (detail)	_____	Other Taxes Payable	_____	_____
Securities Owned	_____	Revolving Credit	_____	_____
IRA/Keogh/Pension	_____	Installments & Notes Payable to Banks and Others	_____	_____
Notes Receivable including Mortgage	_____	Loans on Life Insurance	_____	_____
Life Insurance (cash surrender value only)	_____	Mortgage or Liens on Real Estate	_____	_____
Real Estate Market Value	_____			
Other Investments (Partnerships, etc.)	_____			
Personal Property	_____			
Other (detail)	_____			
<b>Total Assets</b>	_____		<b>Total Liabilities/Payments</b>	_____
			<b>Net Worth</b>	_____
			<b>Total Liabilities &amp; Net Worth</b>	_____

Annual Income	Amount	Annual Expenditures	Amount	Contingent Liabilities	Amount
Applicant Salary	_____	Property Tax/Assessments	_____	As Endorser	_____
Spouse Salary	_____	Income & Other Taxes	_____	As Guarantor	_____
Dividends/Bonds	_____	Mortgage Payments/Rent	_____	On Damage Claims	_____
Interest	_____	Other Contract Payments	_____	Letters of Credit	_____
Rentals	_____	Alimony/Child Support	_____	Other _____	_____
Other _____	_____	Insurance	_____		
_____	_____	Personal Expenses	_____		
		Other _____	_____		
<b>Total</b>	_____	<b>Total</b>	_____	<b>Total</b>	_____

## General Information *If married, these questions apply to both you and your spouse*

- |  |  |   |  |
|--|--|---|--|
| Are there assets held in Trust?                          | <input type="checkbox"/> Yes <input type="checkbox"/> No | Have you ever been a principal or guarantor of a firm that declared bankruptcy? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Are any assets pledged or debts secured?                 | <input type="checkbox"/> Yes <input type="checkbox"/> No | Are you party to any claims or lawsuits?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Have you ever had a repossession?                        | <input type="checkbox"/> Yes <input type="checkbox"/> No | Have you been involved with an IRS audit in the last 3 years?                   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Have you ever had a bankruptcy or judgement against you? | <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, has the audit been settled?   | <input type="checkbox"/> Yes <input type="checkbox"/> No |

If you answered yes to any of the above, please explain on a separate sheet of paper.

C O N F I D E N T I A L

I certify that all the information I have submitted to Body Trac Health & Fitness is true and complete. I present and declare under penalty of perjury that the foregoing is a true and correct statement of my financial condition. I will immediately notify you in writing if there is a material change in my financial condition. Any existing or threatened litigation, claim or circumstance that might reasonably affect my financial situation is fully described in an attached statement.

I authorize you to verify the information I have submitted to you and to make investigations of my credit, background, character and ability, and to contact anybody, including former employers, in order to obtain personal information about me. In accordance with the Privacy Act, The Freedom of Information Act, and The Fair Credit Reporting Act, I authorize all parties contacted on behalf of Body Trac Health & Fitness to release the requested information.

I understand that completion of the information requested by Body Trac Health & Fitness does not guarantee my approval as a franchise, nor does it grant me any rights with regard to such.

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Signature

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Date