

CONFIDENTIAL FRANCHISE APPLICATION

Thank you for your interest in Team Spirit Fitness Center franchise opportunities. To determine if you qualify for a franchise, please complete this application and return it to 2012 8th Avenue, Altoona, PA 16602 or fax it to (814) 941-8260. *This is not a contract and supplying or completing this application incurs no obligation on either party. An offering will only be made by Uniform Franchise Offering Circular.*

PERSONAL INFORMATION

LAST NAME		FIRST NAME		MIDDLE NAME		SOCIAL SECURITY NUMBER	
ARE YOU A US CITIZEN?	DATE OF BIRTH	AGE	HOME TELEPHONE NUMBER ()		EMAIL ADDRESS		
CURRENT ADDRESS			CITY	STATE	ZIP	HOW LONG?	
PREVIOUS ADDRESS			CITY	STATE	ZIP	HOW LONG?	
MARITAL STATUS		FULL NAME OF SPOUSE					
OCCUPATION OF SPOUSE					SPOUSE'S ANNUAL SALARY		
NAMES AND AGES OF DEPENDENTS							

APPLICANT'S FRANCHISE PLANS

WILL THE FRANCHISE BE OWNED AND OPERATED BY YOURSELF OR WILL YOU BE AN INVESTOR?		
WILL YOU HAVE A PARTNER? (see note)	WILL YOUR PARTNER BE ACTIVE IN THE BUSINESS?	TERRITORY FOR WHICH APPLICATION IS MADE (CITY AND STATE)
WOULD YOU CONSIDER ANY OTHER AREAS? (CITY AND STATE) IF SO PLEASE LIST.		
AMOUNT OF CAPITAL AVAILABLE FOR THIS BUSINESS?	IF QUALIFIED, HOW SOON WILL YOU BE ABLE TO OPEN THE BUSINESS?	
ARE YOU INTERESTED IN A SINGLE UNIT OR MULTIPLE FRANCHISES?		
HAVE YOU EVER BEEN IN BUSINESS FOR YOURSELF?		
WHY DO YOU FEEL YOU WILL BE SUCCESSFUL IN OWNING THIS FRANCHISE?		

NOTE: If there will be partners, each partner will need to complete and submit a Confidential Franchise Application for consideration.

EDUCATION

NAME OF SCHOOL/COLLEGE	LAST YEAR OF SCHOOL COMPLETED	DEGREE EARNED	DATE OF GRADUATION
PLEASE DESCRIBE ANY ADDITIONAL TRAINING IN SALES, MANAGEMENT, FITNESS, NUTRITION OR ANY CERTIFICATIONS YOU HOLD.			

BUSINESS EXPERIENCE

GIVE A COMPLETE RECORD OF YOUR EXPERIENCE, BEGINNING WITH YOUR PRESENT OR LAST POSITION, INCLUDE MILITARY SERVICE.

NAME AND ADDRESS OF EMPLOYER	FROM -TO (YEARS)	POSITION	ANNUAL SALARY

REFERENCES

PLEASE LIST TWO PROFESSIONAL REFERENCES - NAME - ADDRESS - TELEPHONE

1.

2.

PLEASE LIST TWO PERSONAL REFERENCES - NAME - ADDRESS - TELEPHONE

1.

2.

FINANCIAL STATEMENT

ASSETS		LIABILITIES	
Cash on hand (checking and savings accounts)	\$	Mortgages (primary residence with 1 st and/or 2 nd mortgages)	\$
Investments (stocks, bonds, 401K, IRA's, certificates of deposit)		Other real estate property mortgages	
Life Insurance (cash surrender value)		Automobile loans	
Real Estate (value of personal residence and rental properties)		Credit cards	
Automobiles registered in Own Name (owned)		Other liabilities (please list)	
Other Assets (please list)			
TOTAL ASSETS	\$	TOTAL LIABILITIES	\$
NET WORTH (total assets minus total liabilities)	\$	HAVE YOU EVER DEFAULTED ON A LOAN OR TAKEN BANKRUPTCY?	

In submitting the foregoing application and statement the undersigned guarantees its accuracy with the intent that it be relied upon in granting a franchise to the undersigned and warrants that he/she has not knowingly withheld any information and the undersigned expressly agrees to notify Franchisor immediately in writing of any material change in his/her financial condition. It is further understood that this application is for general information and is in no way binding upon either Intrivah, Inc. or the applicant.

The undersigned certifies that each part of the application and financial statements hereof and the information inserted herein has been carefully read and is true and correct.

Signed _____

Date _____