



Franchise Application

A separate copy to be completed by **Applicant** and each **partner, member or shareholder**

Application Form

The information you provide will be held in the strictest confidence and completion of this form in no way constitutes a commitment to the TRAIN. FITNESS HOUSE 24/7 Franchise or TRAIN. Franchise Systems, LLC or that a franchisee applicant will be automatically awarded a franchise. We encourage you to share any relevant information and include anything that you find will make

your candidacy stand out as a potential franchisee. Thank you again for your interest in the TRAIN. FITNESS HOUSE 24/7 Franchise Opportunity.

Please Tell Us About Yourself

Full Name:

Home Address:

City

State or Country:

Postal Code:

How long at this address:

Home Phone:

May we contact you here? Yes ___ No ___

Work Phone:

May we contact you here? Yes ___ No ___

Cell Phone: May we contact you here? Yes ___ No ___

Are you a citizen of the United States? Yes ___ No ___

Are you currently married? Yes ___ No ___

Other Information

Describe your current employment or business activities:

Describe who else will be on your ownership or operations team:

Have you ever been convicted of a felony?

Have you ever plead guilty or no contest to a felony?

Are there any open and or unsatisfied judgements?

Are there any open and or unsatisfied tax liens?

Have you or anyone on your ownership or operations team ever filed for bankruptcy?

Date Filed:

Date Discharged:

Describe any lawsuits that you have been involved in and the nature of the lawsuits in the past ten (10) years?

Do you have any individual fitness instruction and or group fitness services industry experience?

____ Yes ____ No

If yes, please advise with what company, position and number of years with the company.

Do you or any persons related to you have any connection with any other fitness instruction and or group fitness services or related business?

Yes No

If yes, provide relationship and name and nature of business below:

Do any other persons that are NOT related to you that are associated with you have any connection with any other fitness instruction, individual and or group fitness training services or related business?

Yes No

If yes, explain below:

Are you involved, or have you been involved in a business that may restrict you from purchasing and operating an TRAIN. FITNESS HOUSE 24/7 Franchise?

Yes No

Financials

(All information provided is strictly confidential and will be treated as such)

Assets		Liabilities	
Cash on Hand and in Banks	\$	Mortgages	\$
Marketable Securities	\$	Accounts Payable	\$
Retirement Plan	\$	Notes Payable	\$
Accounts and Notes Receivables	\$	Loans on Life Insurance	\$
Real Estate	\$	Credit Cards (Total Balance)	\$
Personal Property	\$	Unpaid Taxes	\$
Business Holdings	\$	Other Liabilities:	\$
Other:	\$		
Total Assets	\$	Total Liabilities	\$
Minus Total Liabilities	\$		
Net Worth	\$		

Specific Data

Assuming your review of the TRAIN. FITNESS HOUSE 24/7 Franchise Opportunity is positive, are you prepared to make a decision about the franchise opportunity within 30 days?

Describe any training in fitness instruction, individual and or group fitness training services, sales, marketing or management:

Desired Area/Location Preferences

1.

2.

3.

4.

5.

Who will be responsible for daily operations?

Amount of cash available for investment:

Source of cash for investment:

Would this business be your sole source of income?

What specific questions do you have about this opportunity?

Date of Birth:

Social Security Number:

Driver's License Number:

Please provide a copy of your Driver's License (attach to next page)

Current Physical Address:

Additional Comments:

I/we represent and warrant that all of the statements made by me/us in the above application are true and correct. I/we understand that if I/we make a false statement, such action will terminate my/our application for consideration. I/we understand that by signing this application, I/we authorized TRAIN. Franchise Systems, LLC to check my/our credit with a credit bureau, conduct a background and criminal investigation and conduct whatever investigation as permitted under the Fair Credit Reporting Act (FRCA). I/we agree that this application shall be and remain the property of TRAIN. Franchise Systems, LLC whether or not this application is approved. By my signature below, I hereby authorize all corporations, former employers, credit agencies, educational institutions, law enforcement agencies, city, state, county and federal courts and agencies, military services and persons to release all information they may have about me including criminal and driving history. This authorization shall be valid in original or copy form.

I/we understand that this application does not obligate either party to engage in a business transaction in any manner.

Applicant

Applicant's Signature:

Date:

Attach a copy of your Driver's License here:

