

MY GYM

International Franchisee Qualification Summary

*Completion of this confidential Profile/Application does not constitute purchase of a My Gym opportunity.
This information is confidential. We will not contact your present employer without your consent.*

Please return completed application to My Gym Enterprises by fax: (818) 907-0735

Name: _____

Address: _____ Apt: _____

City: _____ Country: _____ Postal Code: _____

Social Security Number: _____ DOB: _____

Home Phone: _____ Bus. Phone: _____ Fax: _____

Cell Phone: _____ Email Address: _____

Best time to reach by telephone: _____

PERSONAL INFORMATION

Marital Status: _____ Spouse's Name: _____ Number of Children: _____

Business Information

(If purchasing Master Franchise rights in the companies name)

BusinessName: _____

Address: _____

City: _____ Country: _____ Province: _____

Postal Code: _____ Years in Business: _____

Previous Franchise Experience (explain) : _____

EDUCATION

High School: _____ Graduated: _____ Degree: _____

College/University: _____ Graduated: _____ Degree: _____

Other: _____ Graduated: _____ Degree: _____

Special Training: _____ Graduated: _____ Degree: _____

BUSINESS EXPERIENCE

Current Employer/Business: _____

Address: _____ Suite: _____

City: _____ State: _____ Zip: _____

Position: _____ Date Employment Began: _____

Previous Employer/Business: _____

Address: _____ Suite: _____

City: _____ State: _____ Zip: _____

Position: _____ Dates of Employment: _____

Previous Employer/Business: _____

REFERENCES

Business Reference: _____ Phone: _____

Business Reference: _____ Phone: _____

Business Reference: _____ Phone: _____

DETAILED FINANCIAL INFORMATION

(Please use USD for all calculations)

ASSETS

Cash on Hand: _____

Notes Due Me: _____

Real Estate Owned: _____

Stocks & Bonds: _____

Autos: _____

Other Assets (Describe): _____

Total Assets: _____

LIABILITIES

Notes Payable: _____

Real Estate Mortgage: _____

Taxes Due: _____

Other Liabilities: _____

Total Liabilities: _____

Net Worth: _____

Current Yearly Household/Business Income: _____

OTHER

Name three areas in which you have talents or strengths that will prove valuable in the children's educational fitness industry. (Example: Physical fitness, psychology, dance, drama, kinesiology, childhood development, etc.)

1 _____

2 _____

3 _____

In what three areas might you have weaknesses?

1 _____

2 _____

3 _____

ADDITIONAL INFORMATION

How much capital from sources listed above can you allocate toward the purchase of a My Gym franchise? _____

If the required capital is not available, how would the funds be obtained? _____

Will you devote full-time to your My Gym enterprise? _____

Do you plan to have a partner? _____ If so, will the partner be active? _____

Do you plan to have investors? _____ If so, to what extent? _____

Where/when did you first learn about My Gym Franchise Corp.? _____

Have you seen an operational My Gym location? _____

What is your level of interest (on a scale from 1 to 10)? _____

When would you be able to begin this venture? _____

Territory/Country in which you are interested _____

Why would My Gym be successful in your country? _____

Is your interest in being a Master Franchise or Single/Multi Unit Franchisee?

How quickly would you like to proceed? _____

It is understood that the purpose of this application is to gather information and is in no way binding upon either the applicant or the company. It is also understood that the information supplied herein is true and accurate to the best of applicant's knowledge and that the company relies on this fact in assessing applicant's qualifications and desirability.

I authorize My Gym Enterprises to use the information supplied herein to access any personal credit or criminal history.

Applicant's Signature: _____ Date: _____

AUTHORIZATION FOR FILE DISCLOSURE

I hereby authorize My Gym Enterprises to obtain a consumer credit and/or investigative report from Contemporary Information Corporation (CIC) on myself. I understand that such information may be derived in whole or in part from Experian, Equifax, other credit and public record providers and/or CIC.

Signature

Date

Full Name (please print)

Home Address

City

State

Zip

Social Security Number

DOB

IMPORTANT NOTE TO CIC CLIENT!

In Accordance with the Fair Credit Reporting Act, among other state and federal laws, this signed form is to be kept on file by CIC client ("subscriber") for no less than two years.