



APPLICATION FOR BODYWORKS FRANCHISE PERSONAL PROFILE
CONTACT INFORMATION

This document is not a Franchise Agreement, nor an offer or solicitation to enter into a Franchise Agreement or business opportunity with Body Works Ultra Lipo Clinic.

Date Profile Submitted: _____

Name: _____ Spouse's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ May we contact you here: Yes No

Fax: _____ May we contact you here: Yes No

Cellular Phone: _____ May we contact you here: Yes No

E-mail: _____ May we contact you here: Yes No

Date of Birth: _____ Social Security Number: _____

Driver's License Number: _____

If Corporation, Corporate I.D. Number/EIN No.: _____

PREFERRED MARKET AREA

Please be as specific as possible.

First Choice: _____

Second Choice: _____

QUESTIONNAIRE

Do you own a franchised operation? Yes/No

If yes, name of franchisor: _____

Name and location of operation(s): _____

Have you ever owned a franchised operation? Yes/No

If yes, state name and how terminated: _____

Do you have any arrangements or commitments, contractual or otherwise, that may interfere with you becoming a franchisee of Body Works Ultra Lipo Clinic? Yes/No

If yes, please explain: _____

Have you, or any business entity in which you have owned an interest, been involved in bankruptcy, insolvency proceedings or compromise with creditors? Yes/No

If yes, please explain: _____

Are you a party, either as a plaintiff or as a defendant to any lawsuits, litigation or legal actions? Yes/No

If yes, please explain: _____

Will you be devoted to this business full-time? Yes/No

If no, indicate how you will manage this business: _____

Will members of your family be directly involved with the day-to-day operations of this business? Yes/No

If yes, list name and in what capacity: _____ Type of entity that will execute the franchise agreement:

_____ individual _____ corporation _____ partnership

_____ limited liability company _____ other

Names of any partners or associates who will join you in this venture:

Please list names and in what capacity:

Partner (1) _____

Partner (2) _____

How will you finance this venture? _____

BACKGROUND/REFERENCES

BUSINESS BACKGROUND

Minimum 10 years information

(You may attach a resume in place of completing this section)

1.

Company: _____ Type of Business: _____

Address: _____ Phone: _____

Position Held: _____ Salary: _____

Employed from/to: _____ Supervisor Name: _____

2.

Company: _____ Type of Business: _____

Address: _____ Phone: _____

Position Held: _____ Salary: _____

Employed from/to: _____ Supervisor Name: _____

3.

Company: _____ Type of Business: _____

Address: _____ Phone: _____

Position Held: _____ Salary: _____

Employed from/to: _____ Supervisor Name: _____

PERSONAL REFERENCES

Name: _____ Address: _____

Phone: _____

Name: _____ Address: _____

Phone: _____

Name: _____ Address: _____

Phone: _____

CREDIT REFERENCES

Company: _____

Address: _____

Account Number: _____

Contact: _____ Amount Owed: _____

Company: _____

Address: _____

Account Number: _____

Contact: _____ Amount Owed: _____

FINANCIAL INFORMATION

ASSETS

Cash on Hand and Unrestricted..... \$ _____
Stock in your Business \$ _____
Publicly Traded Stocks, Bonds and Securities..... \$ _____
Real Estate, your Residence(s)..... \$ _____
Other Real Estate at Market Value..... \$ _____
Accounts, Notes and Loan Receivables..... \$ _____
Personal Possessions (automobile, household furniture, etc.)\$ _____
Other Assets \$ _____
Retirement/Pension Accounts \$ _____
TOTAL ASSETS \$ _____

LIABILITIES

Notes Payable to Bank \$ _____
Mortgages Payable. \$ _____
Accounts, Notes and Loans Payable to Others..... \$ _____
Other Liabilities \$ _____
TOTAL LIABILITIES \$ _____
TOTAL NET WORTH..... \$ _____

ANNUAL INCOME

Salary \$ _____ Spouse's Salary \$ _____
Bonus & Commissions \$ _____ Interest & Dividends \$ _____

GENERAL INFORMATION

Are you a Co-Signer, Guarantor or Endorser to any Obligations? Yes/No
If yes, explain relationship(s) and list amount(s) _____

List any other commitments or contingent liabilities not listed above, including leases:

SUPPLEMENTARY SCHEDULE BANKING ACTIVITY

Bank Name _____

City/State _____

Cash Assets _____

Loan Liabilities _____

Monthly Payments _____

PUBLICLY TRADED STOCK, BONDS & SECURITIES

(Attach additional pages if needed)

Number of Shares of Stock and/or Face Value of Bonds

(List Separately) _____

Description _____

Present Market Value _____

Are Securities Pledged? Yes No Amount of Obligations \$ _____

REAL ESTATE

Type of Property _____

Location _____

Original Cost _____

Market Value _____

Mortgages/Liens _____

Monthly Payment _____

ACCOUNTS, NOTES AND LOANS

Receivables From/Payable to Others

Amount: _____

Nature of Transaction: _____

Receivables Due: _____

Payables Due: _____

OTHER ASSETS/LIABILITIES

Description: _____

Estimated Cash Value: _____

Amount of Liability: _____

I acknowledge that Body Works Ultra Lipo Clinic will rely upon the information furnished in this application in making the decision to grant a Franchise Agreement. I hereby authorize BodyWorks Ultra Lipo Clinic and its agents and representatives to make investigations of my credit, character and ability, and to contact anybody, whether or not listed above, including former employers, to obtain personal information about me. I release all such persons from any liability or damages that may be incurred as a result of such an inquiry or the furnishing of such information. I also certify that the information on this statement is true and complete.

Applicant Name Signature

Date