

## Confidential Application

This form, when completed, is an essential part of evaluating your qualifications to be awarded a franchise of The 12. Please print or type and give specific answers to all questions. All answers are held in confidence. The completion of this form does not obligate The 12 or you in any way or manner.

(To be completed by each proposed partner of the franchisee group.)

### Personal Data

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Number of Dependents: \_\_\_\_\_ Ages: \_\_\_\_\_

Citizen  Yes  No If no, name country \_\_\_\_\_

### Educational History \_\_\_\_\_

**BUSINESS EXPERIENCE** (Work history and/or business started) Please give present or last position first, and provide the last 5 years of work/business history; attach an additional sheet if necessary.

Major Accomplishments: \_\_\_\_\_

1. Company \_\_\_\_\_ City, State: \_\_\_\_\_

Position: \_\_\_\_\_ Employed from: \_\_\_\_\_ To: \_\_\_\_\_

Major Accomplishments: \_\_\_\_\_

2. Company: \_\_\_\_\_ City, State: \_\_\_\_\_

Position: \_\_\_\_\_ Employed from: \_\_\_\_\_ To: \_\_\_\_\_

Major Accomplishments: \_\_\_\_\_

Have you ever owned or been a partner in a business?  Yes  No If yes, what type:

\_\_\_\_\_

\_\_\_\_\_

### MANAGEMENT GOALS

Do you plan to devote 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:

<u>Name</u>	<u>Address</u>	<u>Telephone #</u>	<u>Active in Franchise?</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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

Location Preference: Home Community \_\_\_\_\_  
Other \_\_\_\_\_

Describe any experience in sales/marketing and/or fitness related business. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PERSONAL REFERENCES**

Name	Telephone Number	Association
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

How did you become aware of The 12's franchise opportunity? \_\_\_\_\_  
\_\_\_\_\_

Why are you interested in the The 12's franchise opportunity? \_\_\_\_\_  
\_\_\_\_\_

**Attach Resume, If Available**

I authorize you to make investigations of my credit, character and ability, and to contact anybody, whether or not listed above, including former employers, in order to obtain personal information about me. I authorize all parties contacted on behalf of The 12

Franchise, Inc. to release this information. I also certify that all the information in this application is true and complete.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

# Personal Financial Statement

NAME:	DATE OF BIRTH:	SOCIAL SECURITY #	DRIVERS LIC #	EMAIL:
STREET ADDRESS:	CITY STATE & ZIP:	PHONE #:	HOW LONG:	MONTHLY/PMT.
NAME & ADDRESS OF EMPLOYER: DEPENDENTS:	POSITION:	LENGTH OF EMP.:	BUS. PHONE:	AGES OF
CO-APPLICANT/SPOUSE:				
NAME:	DATE OF BIRTH:	SOCIAL SECURITY #:	DRIVER'S LIC. #	EMAIL:
NAME & ADDRESS OF EMPLOYER:	POSITION:	LENGTH OF EMP.:	BUS. PHONE:	

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

Financial Information as of \_\_\_\_\_

ASSETS	AMOUNT	LIABILITIES	AMOUNT	MONTHLY PAYMENT
Cash in Bank		Income taxes payable		
Cash in other institutions (Detail)		Other taxes payable		
Securities owned (Schedule 1)		Revolving credit (Schedule 4)		
IRA./Keogh/Pension		Installment contracts and notes payable to banks and others (Schedule 5)		
Notes Receivable including mortgages & Deeds of Trust Owned (Schedule 2)		Loans on Life-Insurance		
Cash Surrender Value of Life Insurance		Mortgages or Liens on Real Estate (Schedule 3)		
Real Estate Mkt. Value (Schedule 3)		Other Liabilities (Detail)		
Other Investments (Partnerships, etc.)				
Automobiles				
Personal Property				
Other Assets (detail)				
<b>TOTAL ASSETS →</b>		Total Liabilities/Payments		
		NET WORTH		
		<b>TOTAL LIABILITIES →</b>		

**GENERAL INFORMATION** - if married these questions apply to both you and your spouse

Are there assets held in Trust?

Yes  No

Are any assets pledged or debts secured except as shown?

Yes  No

Have you ever had a repossession?

Yes  No

Have you ever had a bankruptcy or had a judgment against you?



		b.		2nd	b.
		a.		1st	a.
		b.		2nd	b.

↑ Indicate: J – Jointly with Spouse; O - Jointly with other than spouse; A - Applicant’s separate property; S - Spouse’s separate property.

SCHEDULE 4: REVOLVING CREDIT				SCHEDULE 5: INSTALLMENT CONTRACTS AND NOTES PAYABLE			
CREDITOR'S NAME	ACCOUNT NO.	Monthly Payment	Present Balance	CREDITOR'S NAME	ACCOUNT NO.	Monthly Payment	Present Balance
		TOTAL \$	TOTAL \$			TOTAL \$	TOTAL \$

I will immediately notify you in writing if there is a material change in my financial condition. In the absence of such notice, this shall constitute both a new and continuing statement of my financial condition each time I become obligated to you or you rely, to any extent whatsoever, on this statement of my financial condition.

You may verify the information contained in this statement with any third party. You may also release any information to others regarding my financial condition and your credit and deposit experience with me. By signing below, I hereby waive my rights under Vehicle Code Section 1808.21, so that, when you deem it necessary, you may obtain my residence address from the Department of Motor Vehicles.

I represent and declare under penalty of perjury that the foregoing is a true and correct statement of my financial condition. Any existing or threatened litigation, claim or circumstance which might reasonably be expected to affect my condition in the future is fully described below or in an attached statement.

X \_\_\_\_\_  
X \_\_\_\_\_

Applicant’s Signature                      Date

Co-Applicant’s Signature                      Date

\_\_\_\_\_ (Optional) Signature of Spouse/Former Spouse & Date

To authorize verification of income and of credit history only (your spouse or former spouse’s authorization may be needed if you are relying on his or her income or other community property).

**Authorization**

For Release of Personal Data Record Information

In connection with my Application for a franchise with The 12, I hereby authorize The 12 Franchise, Inc. or its agents, to contact any present or past employer, school, financial institution, law enforcement agency, reference

or any other person, firm or corporation.

I authorize and request any of the firms or persons contacted to provide all information concerning me, and I hereby release said firms, institutions and their agents and employees from all liability and responsibility from releasing this information. I understand such reports may contain information concerning my school work, my work habits, character or skill, credit history or criminal history. The 12 Franchise, Inc. agrees to restrict the use of this information only to the evaluation of my Application for a franchise of The 12.

I am willing and request that a photocopy of this Authorization be accepted with the same authority as the original.

I further authorize The 12 Franchise, Inc. or its agent, to release to prospective financial sources such financial and other information concerning me in their files as may be requested.

Please Print Full Legal Name:

\_\_\_\_\_  
First Name                      Middle Name                      Last Name

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

\_\_\_\_\_  
Birthplace                      Citizenship (Country)

\_\_\_\_\_  
Social Security Number                      Date of Birth

\_\_\_\_\_  
Driver's License Number                      State Issued

\_\_\_\_\_  
Signature                      Date