



N E X G Y M

FRANCHISE APPLICATION

{Please print clearly and answer every question to expedite the application review process.}

How did you hear about Nexgym™? _____

Have you visited a Nexgym™ facility? _____ Where: _____

I am most interested in Single-unit Operation Multi-unit Operation

Location Preference (City/State): _____

List partners: (Name(s) and Phone(s)) _____

Note: Individual applications are required on all partners.

PERSONAL INFORMATION

LAST NAME	FIRST NAME	M.I.	BIRTH DATE	S.S.N.
ADDRESS		CITY	ST	ZIP
DAYTIME PHONE	EVENING PHONE	FAX	E-MAIL	SPOUSE NAME

EDUCATION:

CIRCLE HIGHEST GRADE COMPLETED:	HIGH SCHOOL: 1 2 3 4	COLLEGE: 1 2 3 4	MASTERS 1 2	PHD 3 4
SCHOOL ATTENDED	YEARS	COURSE OF STUDY		
SCHOOL ATTENDED	YEARS	COURSE OF STUDY		

BUSINESS INFORMATION: SELF EMPLOYED EMPLOYED

PRESENT EMPLOYER	TYPE OF BUSINESS	PHONE	POSITION	SALARY	# YEAR(S)
PREVIOUS EMPLOYER	TYPE OF BUSINESS	PHONE	POSITION	SALARY	# YEAR(S)
DO YOU CURRENTLY OWN A BUSINESS? YES / NO (DESCRIBE)			HAVE YOU PREVIOUSLY OWNED OTHER BUSINESSES? YES / NO		
_____			_____		
_____			_____		
ARE YOU CURRENTLY UNDER A NON-COMPETE AGREEMENT OF ANY KIND? _____ NO _____ YES					
BUSINESS EXPERIENCE: Indicate The Number Of Years Experience For Each Of The Following Areas (Complete All That Apply...)					
MANAGING PEOPLE _____	P&L RESPONSIBILITY _____	HEALTH & FITNESS _____			
RETAIL EXPERIENCE _____	MARKETING POSITION(S) _____	CHILDRENS ACTIVITIES _____			
ACCOUNTING POSITION(S) _____	CUST SERV POSITION(S) _____	OWNED A FRANCHISE _____			
	SALES POSITION(S) _____	OWNED OTHER BUSINESS _____			
REFERENCES:					
NAME	PERSONAL / BUSINESS (?)	CITY/STATE	PHONE		
NAME	PERSONAL / BUSINESS (?)	CITY/STATE	PHONE		

FINANCIAL INFORMATION: Personal financial statement as of _____, 200__

INCOME FROM PRESENT OCCUPATION \$ _____		OTHER INCOME \$ _____ (ANNUAL)	
OWN RESIDENCE ? YES / NO _____			
PERSONAL FINANCIAL STATEMENT			
<u>ASSETS</u>		<u>LIABILITIES</u>	
\$ _____	CASH AVAILABLE	\$ _____	CHARGE CARDS
\$ _____	MARKETABLE SECURITIES	\$ _____	PERSONAL LOANS
\$ _____	RESIDENCE VALUE	\$ _____	HOME MORTGAGE BALANCE
\$ _____	OTHER REAL ESTATE	\$ _____	OTHER REAL ESTATE BALANCE
\$ _____	BUSINESS VALUE	\$ _____	BUSINESS LOANS BALANCE
\$ _____	MISCELLANEOUS	\$ _____	OTHER MISC BALANCES
\$ _____	AUTOS, FURNITURE, JEWELRY, ETC		
\$ _____	RETIREMENT PLANS		
\$ _____	TOTAL ASSETS	\$ _____	TOTAL LIABILITIES
\$ _____		NET WORTH (ASSETS - LIABILITIES)	
DO YOU HAVE A FINANCING SOURCE? _____ AMOUNT \$ _____			
HAVE YOU HAD ANY CLAIMS OR LITIGATION WHICH YOU WERE INVOLVED IN DURING THE PAST 5 YEARS? _____ IF YES, EXPLAIN: _____			
HAVE YOU EVER FILED FOR BANKRUPTCY, HAD A REAL ESTATE LOAN FORECLOSED, OR HAD ANY LIENS AGAINST YOU? _____ IF YES, PLEASE EXPLAIN: _____			
HAVE YOU EVER BEEN CONVICTED OF, OR PLEAD GUILTY OR "NOLO CONTENDERE" TO ANY FELONY OFFENSE? _____ IF YES, PLEASE EXPLAIN IN DETAIL: _____			

FINANCIAL INSTITUTION(S)			
NAME	BRANCH	CITY/STATE	TELEPHONE
NAME	BRANCH	CITY/STATE	TELEPHONE
NAME	BRANCH	CITY/STATE	TELEPHONE

EVERYTHING THAT I HAVE STATED IN THIS APPLICATION IS TRUE AND ACCURATE, AND I UNDERSTAND THAT THE INFORMATION PROVIDED BY ME WILL BE RELIED UPON BY THE FRANCHISOR [NEXGYM FRANCHISING CORPORATION. ("NEXGYM")]. I understand that the granting of a Franchise is at the sole discretion of the Franchisor NEXGYM and that acceptance of this Application is not a granting of a franchise. Franchises are granted only by execution of a written Franchise Agreement.

I understand that any information I received from the Franchisor NEXGYM or from any employee, agent, or franchisee of the Franchisor is highly confidential ("Confidential Information"), has been developed with a great deal of effort and expense to the Franchisor NEXGYM, and is being made available to me solely because of this Application. I agree that I shall treat and maintain all Confidential Information as confidential, and I shall not, at any time, without the express written consent of the Franchisor NEXGYM, disclose, publish, or divulge any Confidential Information to any person, firm, corporation or entity, or use any Confidential Information, directly, for my own benefit or the benefit of any person, firm, corporation or other entity, other than for the benefit of the Franchisor NEXGYM.

I authorize the release of any information deemed necessary by the Franchisor NEXGYM to verify any and all of the information contained herein. This authorization for release of information includes but is not limited to matters of opinion relating to my background, mode of living, credit worthiness, character, ability, reputation and past performance. I understand that I have a right upon written request to the franchiser NEXGYM to provide information regarding the nature and scope of such investigation. I authorize all persons, schools, companies, corporation, credit bureaus, and law enforcement agencies to release such information without restriction or qualification to investigatory parties selected by the Franchisor NEXGYM, any of its officers, agents, employees and servants. I voluntarily waive all recourse and release them from liability for complying with this authorization. This authorization and release shall apply to this as well as any future information request. I authorize that a photocopy or facsimile of this authorization and release be considered as valid as the original.

DATE _____ PRINT NAME (FIRST MIDDLE INITIAL AND LAST) _____ SIGNATURE IN INK _____

**Return this Application to: Nexgym Franchising Corporation: 1430 E. Southlake Blvd., Suite 110; Southlake, TX 76092
(817) 514-0456; FAX 636-412-9300**