



POTENTIAL FRANCHISEE QUESTIONNAIRE

Please complete the following information and return it to All Hours Fitness Centers, LLC via fax at (951) 547-1674 or scan and email it to jason@allhoursfitness.com

Personal Information

First Name: _____ Last Name: _____

Street Address: _____

City/State/Zip: _____

Home Phone: _____ Cell Phone: _____

E-mail address: _____

Spouse's Name: _____

If you are considering a partnership for your All Hours Fitness franchise, complete the following information regarding your potential partner:

First Name: _____ Last Name: _____

Street Address: _____

City/State/Zip: _____

Home Phone: _____ Cell Phone: _____

E-mail address: _____

Spouse's Name: _____

Current Employment or Business Information

Company: _____

Position: _____ Start Date: _____

Duties: _____

Business Ownership Experience

Please describe your business ownership experience, if any:

Fitness Industry Experience

Please describe your fitness industry experience, if any:

Location and Demographics

First Choice

City: _____ Population: _____

Second Choice

City: _____ Population: _____

Financial Information

What is your expected household income for 2014? \$ _____

What was your household income for 2013? \$ _____

What is your Net Worth?

_____ Under \$200,000 _____ \$200,000 to \$400,000

_____ \$400,000 to \$600,000 _____ \$600,000 to \$1 million

_____ \$1 million to \$3 million _____ Over \$3 million

What is the amount and source of funds you have available to purchase your territory and set up your club?

Other

Have you ever filed for Bankruptcy? _____ Yes _____ No

If yes, please explain:

Have you ever sued someone or been sued? _____ Yes _____ No

If yes, please explain:

Has a tax lien ever been filed against you? _____ Yes _____ No

If yes, please explain:

What interests you most about owning your own All Hours Fitness franchise?

What concerns you most about owning your own All Hours Fitness franchise?

I verify that the above information is true and correct, and I hereby authorize All Hour Fitness Centers, LLC to investigate my background and credit history. I understand that my credit information will remain confidential and will only be used in conjunction with my application for obtaining an All Hours Fitness franchise. I also declare that all information I receive from All Hours Fitness Centers, LLC regarding their franchise opportunity will remain confidential, and that I will only disclose information to my immediate family and potential partners and/or investors.

Signature: _____

Date: _____