



PILATES STUDIO FRANCHISE
 265 Madison Avenue, 2nd FL
 New York, NY 10016
 800-IMX-1336

Candidate Application: The information provided below in this form is in no way binding and does not obligate IM=X Pilates to sell you a franchise. The purpose of this form is to provide IM=X Pilates with the information to evaluate you as an applicant. The answers contained below will not be shared with any third party without your written or oral consent.

1. PERSONAL INFORMATION

Name: _____

First

Middle

Last

Address: _____

Street Address

City

State/Country

Zip/Postal Code

E-Mail: _____ Home Phone: _____ Business Phone: _____

Cell Phone: _____ Date of Birth: _____ Social Security #: _____

List dependants and ages: _____

Partner: _____

First

Middle

Last

2. BUSINESS BACKGROUND

Self

Spouse/Partner

Present employer: _____

Title: _____

Job Description: _____

Length of Employment: _____

Annual Salary: _____

Other sources of Income: _____

*If you have a current resume, please attach.

3. ABOUT YOU

How did you find out about our Franchise? _____

What are your primary reasons for wanting to own your own business?

What are your primary concerns with owning and operating your own business?

Please tell us why you believe you will be a successful business owner. Make specific reference to desirable character traits, your transferable skills, your work experience, and your professional goals.

Do you plan on having a partner? Yes _____ No _____ Name: _____

Have you ever been convicted of a felony? Yes ____ No ____

Are you planning to have your partner/spouse active in the business and in what capacity?

What are the main benefits you hope to gain from a franchised system?

Have you ever run your own business? If so, please describe.

When would you like to open your new business: _____

In what geographical area(s) (County) would you like to open your franchise(s)?

First Choice:	_____	_____
	City/County	Estimated Population
Second Choice:	_____	_____
	City/County	Estimated Population
Third Choice:	_____	_____
	City/County	Estimated Population

Are you interested in multiple units? **YES** _____ **NO** _____

Are you interested in Area Development/Master Franchising? **YES** _____ **NO** _____

4. FINANCIAL INFORMATION

ASSETS	LIABILITIES
Cash on hand & In Banks _____	Notes Payable to Banks _____
Stocks, Bonds, Securities _____	Notes Payable to Individuals _____
Retirement Funds _____	Total Credit Card Debt _____
Loans Owed to You _____	Vehicle Loans _____
Primary Residence _____	Home Mortgage _____
Other Real Estate _____	Other Mortgage _____
Businesses Owned _____	Student Loans _____
Any other assets _____	Any other debts _____
Total Assets _____	Total Liabilities _____
Amount of capital to invest _____	Source of Capital _____
Estimated credit rating: Excellent Fair Poor	Score if known: _____

This is not a contractual agreement. The signing of this agreement does not bind or obligate you in the purchase of a franchise.

SIGNATURE: _____ **DATE:** _____

Please fax this completed document to
IM=X Pilates Studios
(212)997-7356