

FRANCHISE APPLICATION



PRIME TIME BOXING®

This form, when completed, is an essential part of our consideration in granting a franchise to you. Please print or type and give specific answers to all questions. All answers are held in confidence. Each proposed partner of the franchise group should complete a copy of this form.

APPLICANT INFORMATION

| | | |
|---------------------------|------------------------------|---|
| Full Name: | | |
| Soc. Sec. # - - | Date of Birth: / / | <input type="checkbox"/> Male <input type="checkbox"/> Female |
| Marital Status: | # of Dependents: | Dependents ages: |

SPOUSE INFORMATION (if applicable)

| | | |
|---------------------------|------------------------------|---|
| Full Name: | | |
| Soc. Sec. # - - | Date of Birth: / / | <input type="checkbox"/> Male <input type="checkbox"/> Female |

RESIDENCE

| | | |
|-----------------------------|------------------------------|-------------------------------|
| Primary Residence: | | |
| | <input type="checkbox"/> Own | <input type="checkbox"/> Rent |
| City: | State: | Zip: |
| Metro: | County: | Phone: |
| | | Email: |
| Previous Residence Address: | | Business Phone: |
| | <input type="checkbox"/> Own | <input type="checkbox"/> Rent |
| City: | Date of Birth: | Zip: |
| Metro: | Country: | From: To: |

| EDUCATION: | APPLICANT: | SPOUSE: |
|--------------------------|--------------------------|--------------------------|
| Highest level completed: | | |
| Highest degree earned: | HS BA/BS MA/MS PHD OTHER | HS BA/BS MA/MS PHD OTHER |
| Major field of study: | | |
| College / University: | | |

How did you become aware of the PRIME TIME BOXING franchise opportunity?

If you heard about PRIME TIME BOXING through a publication, which publication and date or issue?

If you heard about PRIME TIME BOXING through one of the Gyms, which location?

BUSINESS EXPERIENCE (List company name, type of business, position held, & dates)

Present/ Most Recent Position:

Previous Position:

Spouse Business Experience:

Have you ever operated a business? YES NO If YES, what type?**BUSINESS and MANAGEMENT GOALS**Do you plan to devote full time to this venture? YES NOWill your Spouse be active in the franchise? YES NODo you plan to have equity partners? YES NO If YES, please identify all partners:

| NAME | ADDRESS | PHONE NUMBER | ACTIVE IN FRANCHISE? |
|------|---------|--------------|--|
| | | | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| | | | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| | | | <input type="checkbox"/> YES <input type="checkbox"/> NO |

Location Preference (City/ State/ Zip)

1st

2nd

3rd

COMMENTS:

Would you consider an existing store opportunity? YES NO**REFERENCES**

| NAME | ADDRESS | CITY/ STATE/ ZIP | PHONE | OK TO CONTACT? |
|------|---------|------------------|-------|--|
| | | | | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| | | | | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| | | | | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| | | | | <input type="checkbox"/> YES <input type="checkbox"/> NO |

Statement of my (our) Financial Condition as of _____ 20 _____

| | | | |
|------------------------------------|------------------|--|--|
| Cash in bank | Checking | | Notes Payable to Others (Detail) |
| | Savings | | |
| | Mutal Funds | | Installment Debt Payable: |
| | | | Credit Cards |
| | | | Auto/ Boat |
| Notes Receivable | | | Taxes Payable |
| | | | |
| Readily Marketable Securities | | | Mortgages or Liens on Real Estate |
| Other Investments | | | Loans and Life Insurance |
| Cash Surrender Value of Life Ins. | | | |
| | | | Other Liabilities (Detail) |
| NON-CURRENT ASSETS | | | |
| | | | |
| Mortgages & Deeds of Trust Owned | | | |
| Real Estate (see Schedule 1 below) | | | |
| Automobilies & Other Vehicles | | | |
| Personal Property /Household Goods | | | |
| Other Assests (Detail) | IRA's | | TOTAL LIABILITIES |
| | Retirement Funds | | |
| | 401K's | | NET WORTH (TOTAL ASSETS & LIABILITIES) |
| | | | |
| TOTAL ASSESTS | | | TOTAL |

MONTHLY

| | | | | |
|-----------------------|--|----------------------|--|------------------------------|
| Salary | | Mortgage | | As Endorser |
| Spouse's Salary | | Auto, Boat, 2nd Home | | As Guarantor |
| Dividends | | Credit Cards | | On Damage Claims |
| Interest | | Insurance | | For Taxes |
| Fee's or Comminssions | | Notes Payable | | Other |
| Rentals | | Living Expenses | | Rentals |
| Other (describe) | | Other | | Check here if "NONE" |
| TOTAL INCOME | | TOTAL MONTHY EXPENSE | | TOTAL CONTINGENT LIABILITIES |

Schedule 1 Real Estate

| Item No. | Location & Type of Property | Title in Name of | Monthly Payment | Market Value | Mortgage Balance |
|----------|-----------------------------|------------------|-----------------|--------------|------------------|
| 1 | | | | | |
| 2 | | | | | |
| 3 | | | | | |

The above information has been prepared to the best of my (our) ability, and I (we) have not knowingly withheld any material information of adverse nature. I (We) understand that the information may be relied upon by the creditor to extend credit to me (us). It is understood that the purpose of this questionnaire is for general information and is in no way binding upon either the Company knowledge and ability and that the company relies on this fact is assessing the desirability and qualificat of the candidate.

Please attach resume for yourself and for your spouse/partner to be involved in franchise.

Applicant's Signature Date

Spouse's Signature Date