



Personal Profile:

Information provided below in this request is in no way binding and does not obligate N8 Touch to award you a franchise. The purpose of this request is to provide N8 Touch 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.

SECTION I: PERSONAL INFORMATION

First Name: _____

Middle Name: _____

Last Name: _____

Social Security #: _____

Spouse/Significant Other/: _____

First Name: _____

Middle Name: _____

Last Name: _____

Social Security #: _____

ADDRESS:

Street Address: _____

City: _____

State/Country: _____

Zip/Postal Code: _____ Time Zone: _____ Best Time to Reach You: _____

E-Mail Address: _____

Home Phone: _____ Business Phone: _____

Cell Phone: _____ ALT Phone: _____



SECTION 2: BUSINESS BACKGROUND

SELF: ▼

Present employer: ▼

Title: ▼

Job Description: ▼

Length of Employment: ▼

Annual Salary: ▼

Other/Previous Positions of Significance: ▼

*If you have a current resume, please attach.

SPOUSE/PARTNER: ▼

Present employer: ▼

Title: ▼

Job Description: ▼

Length of Employment: ▼

Annual Salary: ▼

Other/Previous Positions of Significance: ▼

*If you have a current resume, please attach.



SECTION 3: ABOUT YOU

What attracts you to the N8 Touch 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 N8 Touch franchise owner. Make specific reference to desirable character traits, your transferable skills, your work experience and your professional goals.

Have you ever been convicted of a felony? If yes, please explain.

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

Partner's Name: _____ Phone: _____

(If yes, please submit a separate application for each partner who will own more than 10%)

Is your partner planning on being active in the business, and in what capacity?

Will any other family members be involved in the business?



SECTION 3: ABOUT YOU (Part 2)

What is the extent of your research into franchising, the massage industry, and N8 Touch?

What other businesses have you investigated?

How long have you been looking for a business? _____

What are the main benefits you hope to gain from the N8 Touch franchise system?

Have you ever owned a franchise before? If so, please describe.

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

Explain why you choose the massage profession?

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 _____



SECTION 3: ABOUT YOU (Part 3)

If you are a Chiropractor looking to place your franchise in an existing location,
Please answer the following:

Address _____

Major Cross Streets _____

Square Footage of Clinic _____

Practice Monthly Visits _____

Number of New Patients per Month _____

Is your current location in any of the following?

Please Circle

Medical Plaza

Shopping Center

Freestanding

Other _____

From your current patient drawing area (usually 3 mile radius) please estimate household income

Please Circle

Under \$50,000

Over \$50,000

Are you interested in all 3 concepts? YES _____ NO _____



ASSETS	AMOUNT	LIABILITIES	AMOUNT
Cash		Accounts Payable	
Stocks, Bonds, Mutual Funds		Household Debts	
Retirement Accounts		Medical Bills	
Other Investments		Credit Card Debt	
Accounts Receivable		Back Taxes	
Primary Residence Value		Child Support/ Alimony	
Other Real Estate Value		Mortgages	
Other Real Estate Value		Mortgages	
Other Real Estate Value		Auto Loans/Lease	
Any other assets		Other Vehicle Loans	
Vehicles Value		Student Loans	
Vehicles Value		Any Other Debt	
TOTAL ASSETS	\$	TOTAL LIABILITIES	\$
Amount of Capital to Invest		NET WORTH (Assets subtract Liabilities)	\$

INVESTMENT TIME FRAME

Immediately 1 – 3 months 4 – 6 months 6 – 12 months Over 1 year

Territory of interest: _____

Do you plan to have a partner? _____ if so, will the partner be active? _____

Please tell us about your partner (name, address, phone no., business experience, etc.)

Do you plan to have an investor? _____ if so, to what extent? _____

Do you intend to have a partner (and/ or investor) own (and/ or contribute) more than 10% of the business?

If so, please have them each complete a separate application.

I understand that this information provided to N8 Touch is confidential. Applicant represents and warrants the following: that all information furnished to N8 touch in this application and any other information to be furnished to N8 Touch does not contain any false statement of a material fact and further, that applicant has not withheld or omitted any material fact.

I authorize investigation, including the preparation of credit reports, of al statements and financial information disclosed herein, including the conducting of a criminal background check. I hereby release all parties from the liability for any damage that may result from furnishing this information.

SIGNATURE: _____ DATE: _____

SPOUSE'S SIGNATURE: _____ DATE: _____

Please fax this completed document to (435) 451-8115

Attn: Gary Bennett / Franchise Development / N8 Touch Inc. 2008