



Request for Consideration

We welcome your interest in a **Contours Express**[®] franchise opportunity! To determine if you qualify for a **Contours Express**[®] franchise, complete this Request for Consideration and return it to our office at 156 Imperial Way, Nicholasville, KY 40356. You may also fax your completed form to us at (859) 241-2234. The completion of this form does **not** obligate you, nor does it constitute an offer of a franchise by **Contours Express, LLC**. This is **not** a contract, and all information contained herein shall be considered confidential. **Contours Express, LLC** may, at its own discretion, verify all references submitted.

Please note: Each owner, partner, member and shareholder associated with the purchase of the franchise must complete a Franchise Application.

Personal Information *(Please type or print clearly)*

Last Name First Name Middle Name Date of Birth

Street Address City State Zip

Country Email Address

Home Phone *(required)* Cell Phone Best Daytime Phone Number *(9am-5pm EST)*

Spouse's Name *(Leave blank if unmarried)*

Are there currently any lawsuits (active or pending) against you? _____

Will you have other owners/partners? _____

If yes, who are they? _____

Each of these individuals must submit a separate, completed application.

Employment

Are you: Employed Self-Employed Unemployed Retired

Current Employer: _____

Type of Business: _____

Title/Position: _____

Assets/Liabilities

(A) Total Liquid Assets Available *(e.g. cash, stocks, bonds, mutual funds)* \$ _____

(B) Total Tangible Assets *(e.g. house, car, business, etc.)* \$ _____

(C) Total Assets (add lines A and B together) \$ _____

(D) Liabilities \$ _____

(E) Total Net Worth: \$ _____

A total Net Worth of \$75,000 is required for each new unit*.

Have you ever filed for bankruptcy protection? _____

If yes, please identify bankruptcy discharge date: _____ (mm/dd/yy)

Is anyone in your family currently under any form of non-competition agreement that limits your right to operate a fitness center? _____

Are you a US Citizen? _____

Gym Location Preference (city, state, zip): _____

Gym 2nd Location Preference (city, state, zip): _____

Any other comments you would like to offer with your application may be added here (optional):

Acknowledgement

I understand that the information I am receiving from **Contours Express, LLC** is confidential and will be held in strict confidence. I will not disclose or use any data, business material, techniques, methods, systems of operation, procedures, policies, standards, criteria, customers, suppliers, or other information of whatever kind used in conjunction with this franchise without the prior written consent of **Contours Express, LLC**.

Applicant's signature _____ Date _____

Co-applicant's signature _____ Date _____

It is understood that the purpose of this Request for Consideration is for general information and is in no way binding upon either **Contours Express, LLC** or the applicant. It is, however, understood that the applicant supplies the information contained herein, to the best of his or her knowledge and ability and that **Contours Express, LLC** relies on this fact in assessing the desirability and qualification of the applicant.

The franchise information provided does not constitute an offer of a franchise to any person or in any jurisdiction. In jurisdictions that require registration, a franchise is only offered and sold after the offering has been registered and declared effective. All franchise purchasers will be given a Franchise Disclosure Document (FDD) prior to the sale and in compliance with federal and applicable state laws.