



MASSAGE HEIGHTS®

FRANCHISE APPLICATION

Mission Statement

*“To Promote a Healthy Lifestyle by Providing
Professional, Affordable and Convenient Therapeutic
Massage Services”*

Massage Heights

17400 NW Freeway
Houston, TX 77040

713-849-3845 (FAX)
888-909-0974

Approval

Date

Confidential Application

This form, when completed, is an essential part of evaluating your qualifications to be awarded a Massage Heights franchise. Please print or type and give specific answers to all questions. All answers are held in confidence. The completion of this form does not obligate Massage Heights or you in any way or manner. (To be completed by each proposed partner of the franchisee group.)

Personal Data

Name: _____ Address: _____

Number of Dependents: _____ Ages: _____

Citizen Yes No If no, name country _____

Educational History _____

BUSINESS EXPERIENCE (Work history and/or business started) Please give present or last position first, and provide the last 5 years of work/business history; attach an additional sheet if necessary.

1. Company _____ City, State _____

Position _____ Employed From _____ To _____

Major Accomplishments _____

2. Company _____ City, State _____

Position _____ Employed From _____ To _____

Major Accomplishments _____

3. Company _____ City, State _____

Position _____ Employed From _____ To _____

Major Accomplishments _____

Have you ever owned or been a partner in a business? Yes No If yes, what type:

MANAGEMENT GOALS

Do you plan to devote full time to this business venture? Yes No

Will your spouse be active in the franchise? Yes No

Do you plan to have equity partners? Yes No

If yes, please identify all partners:

<u>Name</u>	<u>Address</u>	<u>Telephone #</u>	<u>Active In Franchise?</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

When will you be available to open the business? _____ Capital available to invest _____

Location Preference: Home Community _____ Other __

Describe any past experience in sales/marketing and/or retail business. _____

PERSONAL REFERENCES

Name	Telephone Number	Association
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

How did you become aware of the Massage Heights franchise opportunity? _____

Why are you interested in the Massage Heights franchise opportunity? _____

Attach Resume, If Available

I authorize you to make investigations of my credit, character and ability, and to contact anybody, whether or not listed above, including former employers, in order to obtain personal information about me. I authorize all parties contacted on behalf of Massage Heights Corporate, LLC to release this information. I also certify that all the information in this application is true and complete.

Signature: _____ Date: _____

Personal Financial Statement

NAME	DATE OF BIRTH	SOCIAL SECURITY #	DRIVER'S LIC. #	E-Mail Address:	<input type="checkbox"/> MARRIED <input type="checkbox"/> UNMARRIED <input type="checkbox"/> SEPARATED
STREET ADDRESS	CITY AND STATE	ZIP	PHONE #	HOW LONG	<input type="checkbox"/> OWN HOME <input type="checkbox"/> RENTING <input type="checkbox"/> BUYING <input type="checkbox"/> OTHER MONTHLY/PMT.
NAME AND ADDRESS OF EMPLOYER		POSITION	LENGTH OF EMP.	BUS. PHONE	AGES OF DEPENDENTS
CO-APPLICANT/SPOUSE					
NAME	DATE OF BIRTH	SOCIAL SECURITY #	DRIVER'S LIC. #	E-Mail Address:	
NAME AND ADDRESS OF EMPLOYER		POSITION	LENGTH OF EMP.	BUS. PHONE	

If you are married, complete all information for yourself and your spouse.

Financial Information as of _____

ASSETS	AMOUNT	LIABILITIES	AMOUNT	MONTHLY PAYMENT
Cash in Bank		Income taxes payable		
Cash in other institutions (Detail)		Other taxes payable		
Securities owned (Schedule 1)		Revolving credit (Schedule 4)		
IRA./Keogh/Pension		Installment contracts and notes payable to banks and others (Schedule 5)		
Notes Receivable including mortgages & Deeds of Trust Owned (Schedule 2)		Loans on Life-Insurance		
Cash Surrender Value of Life Insurance		Mortgages or Liens on Real Estate (Schedule 3)		
Real Estate Mkt. Value (Schedule 3)		Other Liabilities (Detail)		
Other Investments (Partnerships, etc.)				
Automobiles				
Personal property		Total Liabilities/Payments		
Other Assets (detail)		NET WORTH		
TOTAL ASSETS →		TOTAL LIABILITIES →		

ANNUAL INCOME	AMOUNT	ANNUAL EXPENDITURES	AMOUNT	CONTINGENT LIABILITIES	AMOUNT
Applicant Salary		Interest		As Endorser	
Co-Applicant/Spousal Salary		Property Tax/Assessments		As Guarantor	
Dividends/Bonds		Income and other taxes		On Damage Claims	
Interest		Mortgages Payments		Letters of Credit	
Rentals		Other Contract Payments		Other (Detail)	
Other (Detail)		Rent			
If you are married and live in a community property state, your earnings, and all "other income" are presumed to be community property unless you indicate otherwise.		Insurance			
		Alimony, Child Sup./Maint.			
		Personal Expenses			
		Other (Detail)			
				<input type="checkbox"/> Check here if "none"	
TOTAL →		TOTAL →		TOTAL →	

GENERAL INFORMATION - if married these questions apply to both you and your spouse

Are there assets held in Trust?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are any assets pledged or debts secured except as shown?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever had a repossession?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever had a bankruptcy or had a judgment against you?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been a principal or guarantor of a firm that declared bankruptcy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you party to any claim or suits?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you been involved with an IRS audit in the last 3 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, has the audit been settled?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes to any of the above, please explain on a separate sheet.	

Personal Financial Statement

SCHEDULE 1: MARKETABLE SECURITIES						
Are any of your securities restricted? <input type="checkbox"/> Yes <input type="checkbox"/> No				Do you own 10% or more of the outstanding shares of any company? <input type="checkbox"/> Yes <input type="checkbox"/> No		
HOW HELD	NO. SHARES OR BOND AMOUNT	DESCRIPTION	TITLE IN NAME OF	PLEGDED YES OR NO	WHERE TRADED	PRESENT MKT. VALUE
↑ Indicate: J - Jointly with Spouse; O - Jointly with other than spouse; A - Applicant's separate property; S - Spouse's separate property.						TOTAL \$

SCHEDULE 2: NOTES RECEIVABLE - MORTGAGE & DEED OF TRUST OWNED							
HOW HELD	NAME OF DEBTOR	COLLATERAL/TYPE OF PROPERTY	DATE OF NOTE	ANNUAL P&I PAYMENT	DUE DATE	1st OR 2nd LIEN	UNPAID BALANCE
↑ Indicate: J - Jointly with Spouse; O - Jointly with other than spouse; A - Applicant's separate property; S - Spouse's separate property.							TOTAL \$

SCHEDULE 3: REAL ESTATE HOLDINGS - MORTGAGES OR LIENS							
↓ Indicate: SD = Single Dwelling; MD = Multiple Dwelling; or C = Commercial/Industrial.							
HOW HELD	PROPERTY ADDRESS	a. Mkt. Value	Date Purch.	NAME OF LENDERS	a. 1st T.D. Bal.	Mo. Payment	
		b. Cost	% Owned		b. 2nd T.D. Bal.	Mo. Payment	
		a.			1st	a.	
		b.			2nd	b.	
		a.			1st	a.	
		b.			2nd	b.	
		a.			1st	a.	
		b.			2nd	b.	
		a.			1st	a.	
		b.			2nd	b.	

↑ Indicate: J - Jointly with Spouse; O - Jointly with other than spouse;
A - Applicant's separate property; S - Spouse's separate property.

SCHEDULE 4: REVOLVING CREDIT				SCHEDULE 5: INSTALLMENT CONTRACTS AND NOTES PAYABLE			
CREDITOR'S NAME	ACCOUNT NO.	Monthly Payment	Present Balance	CREDITOR'S NAME	ACCOUNT NO.	Monthly Payment	Present Balance
		TOTAL \$	TOTAL \$			TOTAL \$	TOTAL \$

I will immediately notify you in writing if there is a material change in my financial condition. In the absence of such notice, this shall constitute both a new and continuing statement of my financial condition each time I become obligated to you or you rely, to any extent whatsoever, on this statement of my financial condition.

You may verify the information contained in this statement with any third party. You may also release any information to others regarding my financial condition and your credit and deposit experience with me. By signing below, I hereby waive my rights under Vehicle Code Section 1808.21, so that, when you deem it necessary, you may obtain my residence address from the Department of Motor Vehicles.

I represent and declare under penalty of perjury that the foregoing is a true and correct statement of my financial condition. Any existing or threatened litigation, claim or circumstance which might reasonably be expected to affect my condition in the future is fully described below or in an attached statement.

X _____ Date _____
Applicant's Signature

X _____ Date _____
Co-Applicant's Signature

(Optional) Signature of Spouse/Former Spouse

To authorize verification of income and of credit history only (your spouse or former spouse's authorization may be needed if you are relying on his or her income or other community property).

