



Potential Franchisee Questionnaire & Application

Please complete the following questionnaire and return it to Anytime NZ Ltd. via fax or email.

Email: info@anytimefitness.co.nz (Indicate "Questionnaire" in the subject line.)

Fax: +612 9984 7621

Personal Information

Name: _____

Address: _____

City: _____ Post Code: _____

Phone Info: Home _____ Work _____ Cell _____

Okay to contact at work? Yes No

Email Address: _____

Marital Status: Single Married Divorced

Spouse's Name (if applicable): _____

If you are considering a partnership for this franchise, please complete the following information about your prospective partner:

Name: _____

Address: _____

City: _____ Post Code: _____

Phone Info: Home _____ Work _____ Cell _____

Okay to contact at work? Yes No

Email Address: _____

Marital Status: Single Married Divorced

Spouse's Name (if applicable): _____

Current Employment

Company Name: _____

Address: _____

Title: _____ Duties: _____

How long with the company? _____

Fitness Industry Experience

If applicable, please describe any previous fitness industry experience.

Club Operations

Do you plan on working full time at your Anytime Fitness club? Yes No

If working with a partner, do they plan on working full time at the club? Yes No

Demographics / Location

First Choice

Proposed City: _____

State / Province: _____ Population: _____

Major Cities Nearby: _____

Second Choice

Proposed City: _____

State / Province: _____ Population: _____

Major Cities Nearby: _____

Business Experience and Financial Information

	<i>You</i>	<i>Partner</i>
Have you ever been involved with a franchise system? If so, list name and involvement.	_____	_____
Have you owned a business?	_____	_____
Do you have previous sales experience?	_____	_____
Credit Score	_____	_____
Gross Income (rentals / investments)	_____	_____
Monthly Loan Payments	_____	_____
Cash Reserves	_____	_____
Equity in Home	_____	_____
Equity in Investment Property	_____	_____
Stocks / Bonds	_____	_____

Other Relevant Information

Please use this space to provide other relevant information or comments.

Verify and Confirm

I verify that the above information is true and correct, and I hereby authorise Anytime Fitness NZ Ltd. to investigate my background and credit history. I understand that my credit information will remain confidential and will only be used in conjunction with my application for obtaining an Anytime Fitness franchise. I also declare that all information I receive from Anytime Fitness NZ Ltd. regarding their franchise opportunity will remain confidential, and that I will only disclose information to my immediate family and potential partners and/or investors.

Completed By: _____

Date: _____