



Application Form

PERSONAL DATA:

Full Name: _____ Social Security #: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: (H): _____ (W): _____ ext. _____

Email address: _____ Mobile phone: _____

Previous Address (if less than 2 years): _____

Email address: _____ Fax # : _____

May we contact you at work: YES or NO

Date of Birth: ___/___/___ U.S. Citizen - YES or NO Marital Status: _____

Name of Spouse: _____ Social Security #: _____

Date of Birth: ___/___/___ U.S. Citizen - YES or NO Occupation: _____

EDUCATION:

Your education: Degree or last year of school completed: _____

Name of School: _____ Location: _____

EMPLOYMENT and PROFESSIONAL BACKGROUND:

List employment history for your last 3 positions, beginning with your most recent experience. Please include a current resume with this form.

Dates: Company Name: Title: Annual Earnings:

From: ___/___/___ _____ \$ _____

From: ___/___/___ _____ \$ _____

From: ___/___ _____ \$ _____

Professional certifications or associations: _____



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PERSONAL FINANCIAL STATEMENT:

ASSETS:

Cash in banks:

Checking:

Savings:

Money Market:

Money owed to you:

(Notes, Severance pay due)

Value of primary home:

Value of other real estate:

Securities owned:

Stocks:

Bonds:

Mutual funds:

Individual Retirement Account(s):

401K or 403 B accounts:

Automobiles:

Automobiles:

Automobiles:

Whole Life Insurance-cash value:

LIABILITIES:

Personal debt:

Total credit card debt:

Other personal debt:

(Signature loans, notes to others)

Installment Loans:

Educational loans:

Mortgages due on primary home:

Other mortgages due:

Margin loans on securities:

Loan or lease due:

Loan or lease due:

Loan or lease due:

Loans on Life Insurance:

Value of personal property:
Other Assets: Other Liabilities:

TOTAL ASSETS: \$ _____

TOTAL LIABILITIES: \$ _____

(ASSETS MINUS LIABILITIES EQUAL NET WORTH)

TOTAL NET WORTH: \$ _____



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FRANCHISE INFORMATION:

Why are you interested in pursuing an Iatria Spa and Health Center of your own?

Beyond your business experience, do you have any specific background in the Beauty or Healthcare Industry?

LOCATION PREFERENCE: (1) _____

LOCATION PREFERENCE: (2) _____

Why does this location appeal to you? _____

Do you intend to devote full time to the operation of this business? (If no, please explain?)

Have you previously been an owner in any other business or franchise?

YES _ or NO _ (If yes, with whom? _____)

Are you still affiliated with that company? YES _ or NO _

Total cash you have available to invest in this business? _____

Would you like information on third-party financing programs to assist you with this investment? YES or NO

Is there anything else that you feel we may need to know that may be helpful in assessing your background as a potential business owner and/or partner?



Request for Consideration

ADDITIONAL BACKGROUND INFORMATION:

Have you (or any applicable partners, officers, directors, or primary shareholders) ever:

Been convicted of a felony or pleaded to a felony charge in any court?
YES or NO

Had any involvement in a civil, arbitration, criminal or other legal action resulting in any judgment or award against you? YES or NO

Been adjudged bankrupt or reorganized (as either an individual or as the owner of a principal officer of a business, company or corporation?)
YES or NO

If yes to any of these, please attach an explanation of the circumstance and attach it to this form.

All information contained herein is CONFIDENTIAL and is strictly for the purpose of facilitating the Iatria Spa and Health Center management consulting/investment application process. All business owner prospects will receive consideration without regard to race, color, religion, gender, handicap or national origin.

The submission of this form does not obligate the candidate or the company (or any affiliates) in any manner, nor does it imply that there is any legal or commercial relationship between the parties. HFM Management reserves the sole right to approve or disapprove this application for any reason it may

determine. In the event the Company should disapprove the application, it shall have no liability to any applicant.

I acknowledge that all of the information provided is true and correct. I authorize HFM Management (and it's affiliates) to obtain any information about my background and education (including my credit history) that it determines is appropriate to evaluate my qualifications as a potential Iatria Spa & Health Center Owner/Partner

Signature: _____ Date: _____
(Please Fax back to 919-870-1975 - For use by HFM Management Only)