

NPTI Fitness Studio Licensing Program Application



Thank you for your initial inquiry about a licensing program opportunity with the National Personal Training Institute Fitness Studios. The following information provided will help us determine your qualifications as a candidate. NPTI considers this process extremely important and needs to rely on your potential studio having the highest standards in the industry.

The information provided is very important to our selection process and will be held in strict confidence. We will not contact your employer without prior approval. Completion of this form does not obligate you financially or legally. We look forward working with you in this tremendous opportunity.

Fax completed application to: 215-914-1710

Or Email to: info@nptifitness.com

*Application Personal Data

Application Date: _____

How did you hear about us? _____

Are you working with a NPTI Representative? If so, who? _____

Name: _____

Social Security Number: _____

Home Address: _____

City: _____ State _____ Zip _____

Home Phone: _____ Cell Phone: _____

Fax _____ E-Mail: _____

May we contact your business number? Yes No

Best Time to contact you? _____ Home or business

***Co-Applicant Personal Data**

Name: _____

Social Security Number: _____

Home Address: _____

City: _____ State _____ Zip _____

Home Phone: _____ Cell Phone: _____

Fax _____ E-Mail: _____

May we contact your business number? Yes No

Best Time to contact you? _____ home or business?

Relationship of Co-applicant to applicant (elaborate if warranted)

***Applicant's Education History**

High School

Did you graduate? _____

When? _____

College

Did you graduate? _____

Degree _____

When? _____

Please list any certifications

1 _____

2 _____

3 _____

4 _____

5 _____

Are your certifications up to date and can you provide completion of continuing education?

*Applicants Employment History (Please list current place of employment first. Attach additional pages if necessary)

From-to	Company	Position	Annual Income
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

***Co-Applicant's Employment History** (Please list current place of employment first. Attach additional pages if necessary)

From-to	Company	Position	Annual Income
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

How did you first learn about the NPTI Fitness Studios opportunity?

Intentions and Expectations

After the NPTI Fitness Studio licensing program is awarded will one or both of you continue to work at your current place of employment?

Applicant Yes No

Co-Application Yes No

Explain _____

Who will be responsible for running the business? _____

Please list the region(s) for which you are interested in obtaining a NPTI Fitness Studios Licensing program.

City _____ State _____

Please list Zip Codes you wish to be exclusively yours in _____

How soon would you be able to operate the NPTI Fitness Studio?

What is your goal start-up date? _____

Do you own another licensing program or franchise at this time?

Have you ever failed in business or filed bankruptcy? Yes No

(If yes, please explain) _____

Are you a party to any pending lawsuits or are any law suits pending against you?

Yes No

(if yes, please explain including any remaining liabilities)

Have you ever been convicted of a crime? Yes No

(If yes, please explain)

Are you a U.S. Citizen? Yes No

If "no", are you authorized to lawfully work in the United States? Yes No

***Funding**

It is not necessary to list husband/wife finances separately. Please attach a current financial statement if available.

Will you agree to a credit check? Yes No

If no, please explain _____

What is your source of capital for initial start-up? (please circle)

Personal

Co-application

Loan

Other _____

Please explain _____

Do you plan to have a partner other than the co-applicant? _____

If you plan to obtain a loan we would be glad to provide you with banking recommendations.

Would you like information Yes No

Multiple Revenue Streams

Are you open to multiple revenue streams operating as a partner with NPTI and its affiliates?

Yes No

Have you ever operated a mobile fitness training department? Yes No

Explain _____

Have you ever operated a corporate or residential fitness department? Yes No
Explain? _____

How you ever operated a fitness camp system? Yes No
Explain _____

Have you ever created or sold education products?

Do you consider yourself an entrepreneur? _____

I/We certify that the information I/we have provided on this questionnaire is complete and correct. It is understood and agreed that any misrepresentation by me/us on this application will be sufficient cause for cancellation of this application. I/we hereby authorize NPTI or its authorized agents to validate any of the above information and I/we authorize the release of such information to NPTI or its authorized agents. I hereby release from liability NPTI and its agents from seeking to validate such information.

Signature of Applicant: _____ Date: _____

Co-applicant: _____ Date: _____

Please allow NPTI up to 2 weeks when reviewing your application