



HIT CENTERS INC™

Franchise Application Form

Completing this form will make you eligible to acquire a HIT Center franchise. Each proposed partner should complete this form also. Completion of this form does not obligate you or HIT Centers Inc. in any manner. The form will be used by HIT Centers Inc. to consider you for a HIT center franchise. All answers will be held confidential. Please type or print answers to all questions asked in this application.

Applicant Demographic Information

Full Name:

SS# _____ Date of Birth: _____ Male Female

Spouse Information

Full Name:

SS# _____ Date of Birth: _____ Male Female

Residence

Home address: _____ Own Rent

City: _____ State: _____ Zip: _____

Home Phone: _____ Mobile Phone: _____ Work Phone: _____

Education	Applicant	Spouse
Highest Level Completed	High School <input type="checkbox"/>	High School <input type="checkbox"/>
	College: 2 year <input type="checkbox"/>	College: 2 year <input type="checkbox"/>
	College: 4 year <input type="checkbox"/>	College: 4 year <input type="checkbox"/>
	Masters <input type="checkbox"/>	Masters <input type="checkbox"/>
	Ph.D./MD <input type="checkbox"/>	Ph.D./MD <input type="checkbox"/>

Major Field of Study:	Applicant	Spouse
	Exercise Physiology <input type="checkbox"/>	Exercise Physiology <input type="checkbox"/>
	Adult Fitness/Nutrition <input type="checkbox"/>	Adult Fitness/Nutrition <input type="checkbox"/>
	Nutrition/Dietetics <input type="checkbox"/>	Nutrition/Dietetics <input type="checkbox"/>
	Athletic Training, ATC <input type="checkbox"/>	Athletic Training, ATC <input type="checkbox"/>
	Nursing LPN <input type="checkbox"/> RN <input type="checkbox"/>	Nursing LPN <input type="checkbox"/> RN <input type="checkbox"/>
	Nurse Practitioner <input type="checkbox"/>	Nurse Practitioner <input type="checkbox"/>
	Sports Mang./ Mtk. <input type="checkbox"/>	Sports Mang./ Mtk. <input type="checkbox"/>
	Medical Doctor <input type="checkbox"/>	Medical Doctor <input type="checkbox"/>
	Chiropractic Physician <input type="checkbox"/>	Chiropractic Physician <input type="checkbox"/>
	Business <input type="checkbox"/>	Business <input type="checkbox"/>
	Coach/Teacher <input type="checkbox"/>	Coach/Teacher <input type="checkbox"/>
	College Professor <input type="checkbox"/>	College Professor <input type="checkbox"/>
	Other <input type="checkbox"/>	Other <input type="checkbox"/>

College or University _____

Business Experience: (Name of Company, Type of Business, Position Held, Dates Held)

Present/most recent position:

Previous Position:

Spouse Business Experience:

Business Goals

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

Will Your spouse be active in the franchise? Yes No

Where do you want to put your HIT Center?

First Preference City: State: Zip:

Second Preference City: State: Zip:

Third Preference City: State: Zip:

Comment:

How did you become aware of HIT Centers Inc?

References

Name	Address	Phone	May We Contact
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

Please attach resume for yourself and any other person that plans to be involved.

Applicant's Signature:

Date:

Spouse's Signature:

Date: