



# Massage Luxe International, LLC Preliminary Qualification Questionnaire

Office Use
Date _____
VPF _____
CDO _____

Please provide the requested information and return this **CONFIDENTIAL** application by **FAX to: (636) 305-9444**.

### Personal Information

First Name	Middle	Last Name	___Mr. ___Miss	Birth Date:
			___Mrs. ___Ms.	
Home Address:		Social Security #:		
City:	State:	Zip:	Email:	
Home Phone:		Mobile:	Business:	
Best Time to Call:		Preferred Location?		
If married, spouse's name:		Spouse's Social Security #:	Birth Date:	
Will you have partners in the business?		If so, name(s)? Please note, each partner must complete a separate application)		

### Business Experience/Education

Your Employer:	Position:	Annual Income:
Level of Education? ___High School ___College ___Graduate School	Major:	Degree?
Have you ever owned a business?		Have you ever owned a massage business?
Spouse's Employer:	Position:	Annual Income:
Level of Education? ___High School ___College ___Graduate School	Major:	Degree?

### Legal Information

Have you ever filed for personal or business bankruptcy protection?	Have you ever been convicted of a felony or misdemeanor? ___Yes ___No
In what country do you hold citizenship?	Are you a named party in any pending litigation? ___Yes ___No
Have any judgements been entered against you or a business you control or did control? ___Yes ___No	

### Questionnaire

How did you first hear about MassageLuxe®?
Have you ever visited a MassageLuxe®? If, yes, where?
What is the time frame for deciding on a MassageLuxe® franchise?
Have you visited MassageLuxe's website?
Who will have the primary day-to-day responsibilities of operating your MassageLuxe®?
What prompted you to inquire about a MassageLuxe® franchise?
Have you ever owned a business? If yes, please describe.
Additional comments or information:

## Financial Information

Assets		Supporting Schedule 1 - Cash (largest balances first)			
Cash:		<b>Bank</b>	<b>Amount</b>		
Stocks/Bonds/Securities:					
Retirement Accounts:					
Real Estate Value:					
Other:					
		<b>Restricted Securities</b>		<b>Market Value</b>	
		IRA			
		401K or other restricted accounts			
<b>Total Assets:</b>					
Liabilities		Supporting Schedule 2 - Stocks, Bonds			
Bank Loans:		<b>Listed Securities (Brokerage Firm)</b>		<b>Market Value</b>	
Mortgages:					
Notes Payable:					
Other:					
		Supporting Schedule 3 - Real Estate			
<b>Total Liabilities:</b>		Use (home, vacation, rent)	Market Value	Mortgage Balance	Mortgage Payment
Total Assets (from above):					
Subtract Total Liabilities (from above):					
<b>Total Net Worth:</b>					

Please call the following toll free number if you have any questions: **(877) 321-5893.**

I understand that Massage Luxe International, LLC ("MLI") will rely on the above information to analyze my qualifications for MassageLuxe® franchise opportunity. I understand that the above information will be a material factor when MLI considers my application to become a MassageLuxe® Franchisee. I further understand that MLI does not guarantee that I will be able to obtain sufficient financing for a MassageLuxe® location. I further understand that the submission of false or misleading information could result in civil liability. The submission of this information places no continuing obligation on either me or MLI, and I agree to promptly notify MLI of any material changes to the above information and will submit updated and additional information upon request.

I hereby authorize MLI to procure a consumer report and/or investigative consumer report and/or criminal background check on me ("Reports"). These Reports may include, without limitation, information as to my character, general reputation, personal characteristics and mode of living, which may be obtained through employment and education verifications; my personal credit history received from any credit bureau; my driving history, including any traffic law violations; personal references and/or interviews; a social security number verification; present and historical addresses; criminal and civil history/records; and any other public records.

I authorize any person, individual, business entity or governmental agency who may have information relevant to the Reports, including any and all courts, administrative tribunals, public and law enforcement agencies and credit bureaus, to disclose the same to MLI regardless of whether such person, individual, business entity, governmental agency or credit bureau obtained the information itself or from other sources.

I understand that upon written request, I am entitled to a complete and accurate disclosure of the nature and scope of all investigative reports of which I am the subject, if the request is made within a reasonable time after the date hereof. I also understand that I am entitled to a written summary of my rights under 15 U.S.C. § 1681 et. seq.

I hereby release MLI and its members, affiliates, officers, directors and employees, from any and all liabilities, claims, debts, costs, actions, causes of action and/or demands, by me, my heirs or others making such claim or demand on my behalf, regarding the use or disclosure of the information presented above, as well as the provision of any consumer report and/or investigative consumer report and/or criminal background check authorized hereby. I understand that this Authorization/Release form shall remain in effect for the duration of my business relationship with MLI.

I hereby certify that the information presented herein is true and accurate. I understand that my application for a franchise will be terminated as a result of any false, misleading, omitted or fraudulent information.

Applicant Signature	Date
Applicant Signature	Date