



Request for Consideration

Thank you for your inquiry about an BTC Franchise. Completion of this form will tell us more about you and is your next step to becoming a member of the BTC family. Submitting this form does not obligate you in any way. All information provided will be held in strict confidence.

Personal Data

Full name _____

Home Address _____

City _____ Province _____ Postal Code _____

SIN _____ Date of Birth _____ Marital Status _____

Home Phone () _____ Work Phone () _____

Cellular Phone () _____ Email Address _____

May we contact you at work? YES NO Best time to contact you? _____

Education (circle appropriate response)

Highest schooling completed: *High School* *College* *University* Diploma Degree? Yes No

Names of Diploma and/or degree _____

Business Experience

Have you, or do you currently own your own business? (circle) YES NO For how long? _____

If yes, what type of business? _____

Employment History (Please list current employer and attach a resume if required)

Dates: To - From	Company Name	Title/Position	Annual Income

General Information

Why are you looking for a business opportunity? _____

How long have you been looking for a business opportunity? _____

Are you looking at other franchises? YES NO If yes, what other franchises have you investigated? _____

In what market area would you like to locate your BTC franchise? (be as specific as possible)

First choice _____ Second Choice _____

When would you be ready to open and BTC Franchise? (circle choice)

Immediately *Within 3 months* *within 6 months* *within 9 months* *over 12 months*

What's important to you? Please rank the following from 1 - 7 (1 being the most important) in making your decision to select an Expressfit franchise.

_____ *Low Entry Cost* _____ *Interest in a Specific Industry* _____ *Owner Involvement* _____ *Training*
_____ *Joining a Progressive Concept* _____ *Ongoing Support* _____ *Advertisement Aquisition*

Financial Information

Would this business be your sole source of income? YES NO If no, what other source of income will be available to you? _____

What is your current net worth? (Total Assets, less total liabilities): Circle closest Range

Under \$50K *\$50K-\$100K* *\$100K-\$150K* *\$150K-\$200K* *\$200K-\$250K* *\$250K-\$500K* *\$500K+*

Amount of Cash Available for investment: (ie, Cash, investments, line of credit, etc.) Circle Closest Range

Under \$25K *\$25K-\$50K* *\$50K-\$75K* *\$75K-\$100K* *\$100K+*

How much real estate do you own? (Market value less mortgages and leins) \$

What is your combined Household income? \$ _____ /year

Will anyone else join you to own and/or operate an BTC franchise? YES NO If Yes, who?

(print name) _____

NOTE: Please have each person who will participate in the ownership of your BTC Franchise complete a separate Request for Consideration, then submit them together.

I, the undersigned hereby submit this *Request for Information* to obtain more information about owning an **BTC** Franchise. I understand and agree that myself, Bowen Therapy Clinics Inc. and all its affiliated companies, representatives agents and assigns (Collectively "**BTC.**") are under no obligation whatsoever in regards to this submission. I confirm that the information provided by me herein is true and accurate to the best of my knowledge.

Signature _____ Date _____

When complete, please fax this form to (905) 561 0500 or mail to:

BTC FRANCHISE DEPARTMENT
288 Grays Road Unit 3,
Stoney Creek Ontario L8E 1V5
1-877-BOWEN-TC
1-877-268-3682