



CONFIDENTIAL PERSONAL STATEMENT AND FRANCHISE APPLICATION

yoga pod

This application does not commit you to buy a franchise. It merely gives us a starting point to determine if our Franchise is right for you. Please fill out clearly and completely, and email it to info@yogapod.com, or mail to 3701 Arapahoe Ave #109, Boulder, CO 80303.

I understand that the information I am receiving from the Yoga Pod or from any of their employees, agents, or franchisees is highly confidential and is being made available to me because of this application, and I will hold it in the strictest confidence.

We will immediately send you our Franchise Disclosure Document (FDD) with full details.

PERSONAL INFORMATION

Name: _____ E-mail address _____

Age: _____ Marital Status: *Married* *Single* Spouse's name: _____

No. of Children: _____ Ages: _____

Residence address:

Street: _____ City: _____

State: _____ Zip: _____ Country: _____ Telephone: _____

Present Occupation: _____

Position: _____ How Long: _____

Business address:

Street: _____ City: _____

State: _____ Zip: _____ Country: _____ Telephone: _____

EDUCATION

Circle last year completed: High School: 1 2 3 4 College: 1 2 3 4 M.A. Ph.D. Other: _____

Describe any training in marketing, management, yoga, retail, academia or other business:

Describe any experience which would help aid you in your ability to own a business: _____

PERSONAL REFERENCE (Friends, Neighbors, Business Associates)

	Full Name	Address	Occupation	Years Known
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

CREDIT REFERENCE (Company)

	Address	Account Number	Telephone
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____

