



WEIGHT CONTROL CENTERS

Preliminary Agreement Application

Office Use Only
Date: _____
Apr: _____
Napr: _____

Please provide the requested information and return this CONFIDENTIAL application to:
 11445 Cronhill Drive • Owings Mills, MD 21117 • Attn: Rick Logsdail

How did you hear about Medifast Weight Control Centers? _____

PERSONAL INFORMATION

Title: _____ First name: _____ Middle: _____ Last Name: _____

S.S. #: _____ Birth Date: _____ E-mail: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Mobile: _____ Business: _____

Best time to call: _____ Preferred Center location? _____

If married, spouse's name: _____ Spouse's S.S.#: _____ Birth Date: _____

Do you have children? _____ If so, age(s): _____

Will you have partners in the business? (if so each partner must complete a separate application) _____

Partner's Names: _____

Have you ever visited a Medifast Weight Control Centers? _____ If yes, where? _____

What prompted your inquiry? _____ When could you open a Medifast Weight Control Centers? _____

BUSINESS EXPERIENCE/EDUCATION

Your Employer: _____ Position: _____ Annual Income: _____

Highest Level of Education: High School: _____ College: _____ Major: _____ Degree: _____ Graduate School: _____

Have you ever owned a business? _____ Have you ever owned a weight loss business? _____

Spouse's Employer: _____ Position: _____ Annual Income: _____

Highest Level of Education: High School: _____ College: _____ Major: _____ Degree: _____ Graduate School: _____

LEGAL INFORMATION

In what country do you hold citizenship? _____

Have you ever filed for personal or business bankruptcy? Yes: _____ No: _____

Have you ever been convicted of a felony or misdemeanor? Yes: _____ No: _____

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: _____

FINANCIAL INFORMATION

Please call the following number if you have any questions:
(410) 504-8180

ASSETS		LIABILITIES	
Cash:		Bank Loans:	
Stocks/Bonds/Securities:		Mortgages:	
Retirement Accounts:		Notes Payable:	
Real Estate Value:		Other:	
Other:			
Total Assets:		Total Liabilities	
Total Assets (from above):			
Subtract Total Liabilities (from above):			
Total Net Worth:			

SUPPORTING SCHEDULE 1 - Cash (largest balances first)

SUPPORTING SCHEDULE 2 - Stocks, Bonds

Bank	Amount	Listed Securities (Brokerage Firm)	Market Value

RESTRICTED SECURITIES

SUPPORTING SCHEDULE 3 - Real Estate

	Market Value	Use (home, vacation, rent)	Market Value	Mortgage Balance	Mortgage Payment
IRA					
401K or other restricted accounts					

I understand that Medifast Weight Control Centers will rely on the above information to analyze my qualifications for the Medifast Weight Control Centers franchise opportunity. I understand that the above information will be a material factor when Medifast Weight Control Centers considers my application to become a Medifast Weight Control Centers Franchisee. I further understand that Medifast Weight Control Centers does not guarantee that I will be able to obtain sufficient financing for a Medifast Weight Control Centers 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 Medifast Weight Control Centers and I agree to promptly notify Medifast Weight Control Centers of any material changes to the above information and will submit updated and additional information upon request.

I hereby authorize Medifast Weight Control Centers 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 Medifast Weight Control Centers 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 and fully discharge Medifast Weight Control Centers 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 Medifast Weight Control Centers.

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