

The Healthy Way Franchise Corp.

CONFIDENTIAL INITIAL CONTACT FORM

BACKGROUND INFORMATION

Your full name: _____

Current address: _____

City & State: _____ Zip: _____

Number of years at this address: _____ own: _____ rent: _____

Phone number: _____

Email address: _____

Best time to contact you: _____

Your date of birth: _____ Social Security#: _____

Your highest year of education completed: _____

Degree(s) awarded: _____ Major(s): _____

Spouse's name: _____ Spouse's Social Security # : _____

ADDITIONAL INFORMATION

Intended method of financing your Franchise?

Who will run the business? _____

Describe any business partners, investors or family members who will be involved:

What geographical area would you prefer to locate a Healthy Way?

Circle the desired time line to open? 3-6 months 7-12 months other(please explain)

Where did you hear about our Franchise Program?

What other franchise companies have you investigated? _____

The undersigned does hereby acknowledge that the information contained herein is true and complete as of the date written below.

THIS IS NOT A CONTRACT AND DOES NOT OBLIGATE EITHER YOU OR THE HEALTHY WAY FRANCHISE CORP. IN ANY WAY.

Signature _____ Date _____

Mail or Fax to: Cheri Bianchini RN, PHN
c/o The Healthy Way Franchise Corp.
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FAX # 831.462.2129