



# Master Networks R.E.P. Application

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## *Regional Entrepreneur Partner*

The information you provide will be held in the strictest confidence and completion of this form in no way constitutes a commitment to Master Networks, INC or that a Region will be automatically awarded. We encourage you to share any relevant information and include anything that you find will make your candidacy stand out as a potential Regional Partner. If you are planning to have a business partner, he/she should complete a separate application form along with yours.

Thanks again for your interest in Master Networks, INC.

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**Regional Entrepreneur Partner (R.E.P) Application**

Full Name:						Date:					
<i>Last</i>			<i>First</i>			<i>M.I.</i>					
Address:											
<i>Street Address</i>						<i>Apartment/Unit #</i>					
<i>City</i>						<i>State</i>		<i>ZIP Code</i>			
Phone:	( )			E-mail Address:							
Date Available:				Social Security No.:							
Are you a citizen of the United States?				YES	NO	If no, are you authorized to work in the U.S.?				YES	NO
				<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
Have you ever worked for this company?				YES	NO	If yes, when?					
				<input type="checkbox"/>	<input type="checkbox"/>						
Have you ever been convicted of a felony?				YES	NO						
				<input type="checkbox"/>	<input type="checkbox"/>						
If yes, explain:											
High School:		Address:									
From:	To:	Did you graduate?		YES	NO	Degree:					
				<input type="checkbox"/>	<input type="checkbox"/>						
College:		Address:									
From:	To:	Did you graduate?		YES	NO	Degree:					
				<input type="checkbox"/>	<input type="checkbox"/>						
Other:		Address:									
From:	To:	Did you graduate?		YES	NO	Degree:					
				<input type="checkbox"/>	<input type="checkbox"/>						
<i>Please list three professional references.</i>											
Full Name:		Relationship:									
Company:		Phone:			( )						
Address:											
Full Name:		Relationship:									
Company:		Phone:			( )						
Address:											
Full Name:		Relationship:									
Company:		Phone:			( )						

Address:			
Desired Region:			
How much time will you spend growing your region?	Full time ____ Part –time ____ (specify hours) _____		
Why are you interested in a MNI Region? <i>(attach if necessary)</i>			
Why do you think you will succeed as a MNI R.E.P. ? <i>(attach if necessary)</i>			
Please give an example of where you have successfully recruited, trained, and/or motivated a team and why you believe you are a strong leader of people. <i>(attach if necessary)</i>			
<b>List the sources of Capital to cover the Investment to purchase the Region:</b>			
<b><u>Sources:</u></b>		<b><u>Amount:</u></b>	
<p><i>I certify that my answers are true and complete to the best of my knowledge.</i></p> <p><i>If this application leads to a partnership opportunity, I understand that false or misleading information in my application or interview may result in my release. The submission of this application does not obligate me or Master Networks, INC in any way or manner.</i></p>			
Signature:			Date:



Please sign and promptly return to Master Networks INC. Application can be emailed to [support@masternetworks.net](mailto:support@masternetworks.net)

## Confidentiality and Non-Disclosure Agreement

The undersigned agrees that this and any subsequent information received will be held in the strictest confidence and only used for the sole intention of evaluation for a Master Networks, INC Regional Opportunity. The undersigned further agrees this information shall only make this information available to his/her financial and legal advisors, and then only under the terms and conditions that are set forth herein.

In the event that it is determined that there is no interest in negotiating the acquisition of a Master Networks Regional Partnership Opportunity, all documents and information provided shall be returned to Master Networks, INC.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_