



#### CONFIDENTIAL FRANCHISE APPLICATION FORM

This Application is kept confidential. Neither party is bound in any way by the submission of this Application. Please fill out this application in full, to the best of your abilities. Please type or print clearly and attach additional documents or schedules, if necessary.

Date:		
PERSONAL INFORMATION		
Name:		Social Insurance No.:
Address:		Unit:
City:	Province:_	Postal Code:
Res Tel:	Bus Tel:	Cell No:
Fax No:	E-mail Address:	
Date of birth:	Marital status: _	No. of dependents:
Spouse's name:	Spous	e's occupation:
Country of citizenship:	Plac	e of permanent residency:
Have you ever been convicted of	of a criminal offence o	r have any criminal charge pending or being appealed
or are you under indictment?	Yes No	f yes, please give details:
Have you ever been a member Yes No	of any organization in	volved in terrorist activity in Canada or elsewhere?
Have you ever been involved in	terrorist activity in Ca	nada or elsewhere? Yes No

Please Note: A separate application will be required for each partner

### **BUSINESS INTEREST**

Have you ever been involved in any litigation or arbitration/mediation with respect to your prousiness history? Yes No If yes, please explain:		
lave you ever been involved in any litigation or arbitration/mediation with respect to your provisiness history? Yes No If yes, please explain:	lave you ev	owned or had an interest in any operation within the food service industry?
usiness history? Yes No If yes, please explain:	es No	if yes, please give details:
Vill you have a business partner? Yes No if yes, please give name of each partner)  2)  lote: A separate application and financial statements are required for each partner.  OCATION PREFERENCES  F you have preferences for specific locations/cities, please list them below.  1	-	
Vill you have a business partner? Yes No if yes, please give name of each partner.  2)	Vhat percer	of the business will you own?%
Jote: A separate application and financial statements are required for each partner.  OCATION PREFERENCES  Tyou have preferences for specific locations/cities, please list them below.  1	Vho will be	sponsible for the day-to-day operations?
Note: A separate application and financial statements are required for each partner.  OCATION PREFERENCES  If you have preferences for specific locations/cities, please list them below.  1	Vill you hav	business partner? Yes No if yes, please give name of each partner:
Note: A separate application and financial statements are required for each partner.  OCATION PREFERENCES  If you have preferences for specific locations/cities, please list them below.  1	.)	2)
you have preferences for specific locations/cities, please list them below.  1	lote: A sepa	te application and financial statements are required for each partner.
3  4  5  qualified, when will you invest in a Franchise (check one)?		
4  5 qualified, when will you invest in a Franchise (check one)?	2	
5 qualified, when will you invest in a Franchise (check one)?	3	
qualified, when will you invest in a Franchise (check one)?	4	
	5	
Now Within 3 months 3 to 6 months 6 to 12 months Over 12 mon	qualified, \	en will you invest in a Franchise (check one)?
	Now	Within 3 months 3 to 6 months 6 to 12 months Over 12 months
Vould you be willing to relocate in order to obtain a Canadian Choice Windows and Doors fra		
Yes No	'auld vau b	villing to relocate in order to obtain a Canadian Choice Windows and Doors franchise

# **EMPLOYMENT HISTORY** (Give present or most recent position first)

May we contac	t your p	oresent	employ	er? Yes	No					
Name of Firm:_										
Address:										
Employed from	:			to:						
Position:					<u></u>					
Duties and Resp	ponsibi	lities: _								
Name of Firm:_										
Address:										
Employed from	:			to:						
Position:					<del></del>					
Duties and Resp	ponsibi	lities: _								
EDUCATIONAL	BACKG	ROUNI	<b>)</b> (circle	last yea	ar of school completed)					
High School	9	10	11	12	College	1	2	3	4	
Post graduate	1	2	3	4	Majors & Degree(s)					
Othor										

### PERSONAL FINANCIAL STATEMENT

I make the following statement of all my assets and liabilities as of this_	day of	,201
ASSETS		
Cash on hand and unrestricted in the bank:	\$	
Vested profit sharing/pension:	\$	
Listed stocks/bonds/debentures:	\$	
Notes/accounts/mortgage receivable:	\$	
Real Estate:	\$	
Other assets:	\$	
Total Assets:	_\$	
LIABILITIES		
Accounts/Credit cards payable:	\$	
Notes/Loans payable to banks, unsecured:	\$	
Notes/Loans payable to banks, secured:	\$	
Notes payable to others, secured and unsecured:	\$	
Mortgages payable on Real Estate:	\$	
Taxes and assessments payable:	\$	
Other liabilities:	\$	
Total Liabilities:	_\$\$	
NET WORTH		
Net Worth (Total Assets - Total Liabilities):	\$	

## SOURCE OF INCOME

Current household income (you & your spouse combined):
65 – 75K
75 – 100K
100 – 200K
200K +
The undersigned certifies that the information furnished in this Franchise Application is a true and correct
statement of my (our) financial condition on the date indicated. I (We) agree to notify you immediately in writing of any material change in said condition. I (we) authorize Canadian Choice Windows and Doors to obtain credit reports and other reports pertinent to this application.
Dated thisday of, 201
Full Name:
Signature: