

GENERAL INFORMATION

Do you have any physical limitations in particular as pertains to arms, legs, feet or heart? _____

Have you ever been convicted of any offense? (include traffic violations for which you were fined \$100.00 or more)

If yes, please explain in full indicating date, charge, place, under what charge and action taken: _____

Do you plan to have a partner? _____ If yes, will he be active? _____

Name of partner: _____

Do you plan to have an investor? _____ If yes, to what extent? _____

Name of investor: _____

Note : A separate application and financial statement is required of each partner. Please underline the name of Operating Partner.

How did you hear about us? _____

Have you or any member of your family ever been affiliated with or employed by the Corporation or any of the franchise owners?

Yes _____ No _____ If yes, please give details: _____

Will you be involved in the business full time or part time? _____

If part time, please explain: _____

Date that you are available to open the business: _____

How long have you been looking for a business? _____

List locations / areas of preference :

1 _____ 2 _____

3 _____ 4 _____

Approximately how many hours per week are you prepared to actually work in your restaurant? _____

In the first year? _____

Will any member of your family be involved in the day to day operation of the business? _____

If yes, list in what capacity. _____

Have you owned or do you own a business? If yes, please explain: _____

Will you finance this business venture by cash or loan? If loan, what collateral? _____

If borrowed from individual, give name, address and occupation: _____

Are you willing to relocate : _____

Do you use a computer and Internet Services Regularly? _____

TO SUPER FRITE

I certify that the personal & financial statement of my property and debts is true. I declare that neither my wife or any other person has claim in or the assets shown at fair valuation, I am not being sued and there are no executions against me, neither do I owe anything to any other person or institution except as reported.

I AUTHORIZE THE CORPORATION TO OBTAIN SUCH FACTUAL AND TO INVESTIGATE INFORMATION REGARDING ME FROM OTHERS AS PERMITTED BY LAW, TO FURNISH OTHER CONSUMER CREDIT GRANTORS AND CREDIT BUREAUS PARTICULARS OF THE CREDIT APPLICATION AND SUBSEQUENT CREDIT EXPERIENCE, IF APPLICABLE, AND TO RETAIN THIS APPLICATION FOR CORPORATE RECORDS.

Witness: _____ Signature: _____

Date: _____



FRANCHISE OWNER APPLICATION

THE FOLLOWING CONFIDENTIAL INFORMATION IS SUBMITTED IN ORDER THAT SUPER FRITE MAY CONSIDER YOUR QUALIFICATIONS.

Please print or type and give specific answers to all questions. All answers will be considered confidential.

Name : _____
LAST FIRST MIDDLE

Address: _____
STREET CITY

_____ PROVINCE _____ POSTAL CODE

Residence Telephone : (_____) _____ - _____ Business Telephone : (_____) _____ - _____

PERSONAL INFORMATION

Date & place of Birth : _____ Height : _____ Weight : _____

Citizenship : _____ Place of Birth : _____
CITY COUNTRY

Marital Status : _____ Social Ins. No. : _____

Number of Dependants : _____ Names & Ages of Children : _____

Spouse's Name : _____ Spouses's Date of Birth : _____

Spouse Occupation : _____ Company : _____

Annual Remuneration: _____ Social Ins. No. : _____

Will the Spouse be active in the Business? Yes No Full Time Part Time

Home : Own Rent How Long? _____

Previous Address : _____
STREET CITY PROVINCE

How long? _____ Drivers Licence Number : _____

EDUCATION

University or College : _____
NAME GRADE ATTAINED / DIPLOMA

High School : _____
NAME YEAR GRADUATED

Languages Spoken : _____

Describe any sales / management training : _____

Organization Affiliations : _____

BUSINESS BACKGROUND INFORMATION (LIST PRESENT OR LAST JOB FIRST)

- Company : _____ Salary : _____
 Address : _____ Last position held : _____
 From _____ to _____ Name of supervisor : _____
 May we contact your present employer? Yes No
- Company : _____ Salary : _____
 Address : _____ Last position held : _____
 From _____ to _____ Name of supervisor : _____
 May we contact your present employer? Yes No
- Company : _____ Salary : _____
 Address : _____ Last position held : _____
 From _____ to _____ Name of supervisor : _____
 May we contact your present employer? Yes No

PERSONAL FINANCIAL STATEMENT

(Please answer all questions using "No" or "None" where appropriate)

ASSETS (\$)

Cash on hand _____

Stocks / Bonds / Securities _____

Notes & Loans Receivable _____

Cash Value of Life Insurance _____

R.R.S.P. Holdings _____

Home (Market Value) _____

Other Real Estate (Market Value) _____

Automobile(s) _____

Mortgages Receivables _____

Other Assets _____

LIABILITIES (\$)

Notes Payable _____

Bank Loans _____

Other Loans _____

Credit Cards _____

R.E. Mortgages _____

Unpaid Taxes _____

Loans on Life Ins. _____

Other Liabilities _____

TOTAL ASSET: _____ **TOTAL LIABILITIES:** _____

Total Net Worth (total assets minus total liabilities) \$ _____

Current Monthly Income (\$) _____ Current Monthly Income (\$) _____

Salary _____ Rent / Mortgage _____

Spouse's Salary _____ Utilities _____

Other Income _____ Realty Taxes _____

_____ Auto Expenses _____

_____ Other Expenses _____

TOTAL _____ **TOTAL** _____

PERSONAL FINANCIAL INFORMATION

How much unencumbered cash do you have available for investment? _____

What specific assets do you intend to use to meet the cash requirements?
 1 _____ 2 _____
 3 _____ 4 _____

How much capital, if any, will you have to borrow? _____

Have you ever declared Bankruptcy? (If yes, please explain) _____

What level of income do you expect to earn from your business? _____

BANKING & CREDIT REFERENCES

Name of Bank : _____ Contact : _____
 Address : _____ Telephone : _____

Name of Bank : _____ Contact : _____
 Address : _____ Telephone : _____

Major Credit Cards held :

Name : _____ No.: _____
 Name : _____ No.: _____
 Name : _____ No.: _____

Personal References (not relatives):

Name : _____ Relationship : _____ Telephone : _____
 Name : _____ Relationship : _____ Telephone : _____
 Name : _____ Relationship : _____ Telephone : _____

Professional References :

Layer's Name : _____ Firm : _____ Telephone : _____
 Address : _____
STREET CITY PROVINCE POSTAL CODE
 Telephone : _____ Fax : _____ Email : _____

Accountant's Name : _____ Firm : _____ Telephone : _____
 Address : _____
STREET CITY PROVINCE POSTAL CODE
 Telephone : _____ Fax : _____ Email : _____