



# ReponTE Services

## Confidential Franchise Application Form

### Personal

Name \_\_\_\_\_ SIN \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ Province \_\_\_\_\_  
 Postal Code \_\_\_\_\_ Home Tel(\_\_\_\_) \_\_\_\_\_ Business Tel(\_\_\_\_) \_\_\_\_\_  
 Length at Present Address? \_\_\_ Yrs. \_\_\_ Own \_\_\_ Rent  
 Are you a Canadian Citizen? \_\_\_ Yes \_\_\_ No  
 If no, please provide country of permanent residence and your immigration status in  
 Canada \_\_\_\_\_

Marital Status \_\_\_\_\_ Spouse's Name \_\_\_\_\_  
 Number of children \_\_\_\_\_ Ages \_\_\_\_\_  
 How much time will you devote to this business? Full Time \_\_\_ Part Time \_\_\_  
 Will spouse be active in the business? Yes \_\_\_ No \_\_\_; If yes, Full Time \_\_\_ Part Time \_\_\_  
 Spouse's Occupation \_\_\_\_\_  
 Will there be any other active partners in the business? Yes \_\_\_ No \_\_\_  
 If yes, Full Time \_\_\_ Part Time \_\_\_  
 Name of Partner \_\_\_\_\_  
 Do you have a particular territory/area in mind? \_\_\_\_\_  
 Are you currently involved in any legal actions? Yes \_\_\_ No \_\_\_; If Yes, please explain \_\_\_\_\_

**Please note: If you do have a partner(s) a separate application form will be required for each partner.**

Percentage of Ownership \_\_\_\_\_ %; \_\_\_\_\_ %  
 \_\_\_\_\_ %; \_\_\_\_\_ %

### Education

(Please circle last year of school completed)  
 High School 9 10 11 12 13  
 College 1 2 3 4 College Name \_\_\_\_\_  
 University 1 2 3 4 University Name \_\_\_\_\_  
 Degrees Received \_\_\_\_\_  
 List any courses related to sales, sales management or marketing \_\_\_\_\_  
 Which languages do you speak? \_\_\_\_\_

## Employment History

Please provide information in chronological order from most recent on.

Company \_\_\_\_\_ Address \_\_\_\_\_  
Type of Business \_\_\_\_\_ Position \_\_\_\_\_  
Annual Income \_\_\_\_\_ Employed from \_\_\_\_\_ to \_\_\_\_\_  
Supervisor \_\_\_\_\_ Telephone(\_\_\_\_) \_\_\_\_\_  
Describe your duties/responsibilities \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

May we contact this employer? Yes\_\_No\_\_  
If No, please provide details \_\_\_\_\_

Company \_\_\_\_\_ Address \_\_\_\_\_  
Type of Business \_\_\_\_\_ Position \_\_\_\_\_  
Annual Income \_\_\_\_\_ Employed from \_\_\_\_\_ to \_\_\_\_\_  
Supervisor \_\_\_\_\_ Telephone(\_\_\_\_) \_\_\_\_\_  
Describe your duties/responsibilities \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

May we contact this employer? Yes\_\_No\_\_  
If No, please provide details \_\_\_\_\_

Company \_\_\_\_\_ Address \_\_\_\_\_  
Type of Business \_\_\_\_\_ Position \_\_\_\_\_  
Annual Income \_\_\_\_\_ Employed from \_\_\_\_\_ to \_\_\_\_\_  
Supervisor \_\_\_\_\_ Telephone(\_\_\_\_) \_\_\_\_\_  
Describe your duties/responsibilities \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

May we contact this employer? Yes\_\_No\_\_  
If No, please provide details \_\_\_\_\_

Have you ever been self employed? Yes\_\_No\_\_  
If Yes, what was the business? \_\_\_\_\_

**References**

Personal:

Name \_\_\_\_\_ Telephone(\_\_\_\_) \_\_\_\_\_  
Relationship \_\_\_\_\_ How long \_\_\_\_\_ yrs

Name \_\_\_\_\_ Telephone(\_\_\_\_) \_\_\_\_\_  
Relationship \_\_\_\_\_ How long \_\_\_\_\_ yrs

Business:

Name \_\_\_\_\_ Telephone(\_\_\_\_) \_\_\_\_\_  
Relationship \_\_\_\_\_ How long \_\_\_\_\_ yrs

Name \_\_\_\_\_ Telephone(\_\_\_\_) \_\_\_\_\_  
Relationship \_\_\_\_\_ How long \_\_\_\_\_ yrs

**Professional Services**

Legal Counsel acting on your behalf:

Name of Firm \_\_\_\_\_ Lawyer's Name \_\_\_\_\_  
Address \_\_\_\_\_ Phone(\_\_\_\_) \_\_\_\_\_

Accountant acting on your behalf:

Name of Firm \_\_\_\_\_ Accountant's Name \_\_\_\_\_  
Address \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

**Personal History**

Have you ever declared personal bankruptcy or had a business failure? Yes\_\_No\_\_  
If Yes, please provide details including place and date of discharge \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever been convicted of a criminal offence? Yes\_\_No\_\_  
If Yes, please provide details \_\_\_\_\_  
\_\_\_\_\_

Do you currently hold a valid Driver's License? Yes\_\_No\_\_  
Have you ever had your driving privileges suspended or revoked? Yes\_\_No\_\_  
If Yes, please provide details \_\_\_\_\_  
\_\_\_\_\_

# Financial Information

I hereby present Reponte Services with the most current and accurate financial information as of \_\_\_\_\_, 2006.

**Assets:**

Cash \$ \_\_\_\_\_  
 Securities \$ \_\_\_\_\_  
 Real Estate \$ \_\_\_\_\_  
 Other Assets \$ \_\_\_\_\_  
 Total Assets \$ \_\_\_\_\_

**Liabilities:**

Bank Loans \$ \_\_\_\_\_  
 Other Loans \$ \_\_\_\_\_  
 Mortgages \$ \_\_\_\_\_  
 Bills Payable \$ \_\_\_\_\_  
 Total Liabilities \$ \_\_\_\_\_ =

**Net Worth** \$ \_\_\_\_\_

**Current Income**

(Net monthly income)

Salary \$ \_\_\_\_\_  
 Spouse's Salary \$ \_\_\_\_\_  
 Other income \$ \_\_\_\_\_

**Current Expenses**

(Net monthly amount)

Rent or Mortgage \$ \_\_\_\_\_  
 Utilities \$ \_\_\_\_\_  
 Car Expenses \$ \_\_\_\_\_  
 Other Expenses \$ \_\_\_\_\_

Total Monthly Income  
 \$ \_\_\_\_\_

Total Monthly Expenses  
 \$ \_\_\_\_\_

Working capital available to invest into a Reponte Services Franchise? \$ \_\_\_\_\_

What will be the source of capital for a Reponte Services Franchise? \_\_\_\_\_

I hereby certify that all information provided in this application is true and correct as of the date below. I authorize Reponte Services Inc. or its affiliates or authorized agents to conduct any necessary credit and/or reference checks pertaining to the acquisition of a Reponte Services franchise. I understand that any false information or consequential omission contained in this application would be cause for immediate termination of any subsequent agreement reached between myself and Reponte Services Inc. It is understood that this application will be held in confidence by Reponte Services, its affiliates or authorized agents.

The submission of this application does not oblige me or the corporation in any way or manner.

Date \_\_\_\_\_ Signature \_\_\_\_\_

Please return completed application to:

Reponte Services Inc.  
 Suite 400-601 West Broadway  
 Vancouver, BC V5Z 4C2  
[www.reponteservices.com](http://www.reponteservices.com)

Fax: (604) 675-6939