



Franchise Application

PERSONAL INFORMATION

NAME OF APPLICANT	EMAIL	
ADDRESS	APARTMENT #/UNIT #	
CITY	PROVINCE/STATE	
COUNTRY	POSTAL/ZIP CODE	
DATE OF BIRTH	TELEPHONE (MOBILE)	
MARITAL STATUS	TELEPHONE (OTHER)	
NAME OF SPOUSE	OCCUPATION OF SPOUSE	DEPENDENTS

EDUCATION

HIGH SCHOOL COMPLETED	COLLEGE/UNIVERSITY DEGREE
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GENERAL

DATE YOU WISH TO START THIS BUSINESS	WILL YOU BE MANAGING THE BUSINESS
ARE YOU INTERSTED IN A SINGLE FRANCHISE OR MULTI-UNIT FRANCHISE	IF NOT MANAGING THE BUSINESS PROVIDE REASON, AND MANAGER INFO.
WHAT CITY/REGION DO YOU WISH TO LOCATE YOUR FRANCHISE	NAME OF MANAGER
LOCATION 1	RELATIONSHIP TO MANAGER
LOCATION 2	LENGTH OF RELATIONSHIP

COMPLETE THIS APPLICATION AND EMAIL TO ADMIN@FASTLEAF.CA



Franchise Application

WORK EXPERIENCE

EMPLOYER	CONTACT NAME	TELEPHONE
ADDRESS	POSTAL/ZIP CODE	POSITION HELD
EMPLOYER	CONTACT NAME	TELEPHONE
ADDRESS	POSTAL/ZIP CODE	POSITION HELD

PERSONAL REFERENCES (NOT RELATIVES)

NAME	RELATIONSHIP	TELEPHONE
ADDRESS	PROVINCE/STATE	POSTAL/ZIP CODE
NAME	RELATIONSHIP	TELEPHONE
ADDRESS	PROVINCE/STATE	POSTAL/ZIP CODE

CREDIT REFERENCES (BANKS, TRUST, OTHERS)

INSTITUTION NAME	CONTACT NAME	TELEPHONE
ADDRESS	SAVINGS ACCT #	CHECKING ACCT #
INSTITUTION NAME	CONTACT NAME	TELEPHONE
ADDRESS	SAVINGS ACCT #	CHECKING ACCT #



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FINANCIAL

CURRENT ANNUAL INCOME (ALL SOURCES)	EXPECTED EARNING FROM YOUR FRANCHISE
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ASSETS

LIABILITIES

CASH ON HAND & IN BANKS:	\$	NOTES PAYABLE TO BANKS:	\$
NOTES DUE (RECIEVABLES):	\$	NOTES AND ACCOUNTS PAYABLE:	\$
CASH VALUE INSURANCE(S):	\$	LOANS, LIFE INSURANCE:	\$
REAL ESTATE:	\$	MORTGAGES (ANNUALLY):	\$
STOCKS & BONDS:	\$	UNPAID TAXES:	\$
CASH VALUE OF CARS:	\$	OTHER LOAN(S):	\$
MISCELLANEOUS:	\$	MISCELLANEOUS:	\$
TOTAL ASSETS:	\$	TOTAL LIABILITIES:	\$

NET WORTH (TOTAL ASSETS LESS TOTAL LIABILITIES) = \$
INDICATE INVESTMENT AND WORKING CAPITAL AVAILABLE: <input type="checkbox"/> \$50,000 <input type="checkbox"/> \$100,000 <input type="checkbox"/> \$250,000 <input type="checkbox"/> MORE THAN \$500,000

For the purpose of applying for a Fast Leaf franchise, the undersigned acknowledges that the foregoing statement and information fully and truthfully sets forth the accurate financial condition for the undersigned on the date set out below. The undersigned further acknowledges as part of the selection process that an investigation may be made with respect to the undersigned credit status, character, general reputation and mode of living. I hereby consent To Fast Leaf to investigate to obtain the above information.

I understand that the acceptance of this Franchise Application by Fast Leaf does not constitute the grant of a franchise. I understand that Fast Leaf grants franchises only by executing written franchise agreements. I understand that Fast Leaf may, at any time, require that I sign an updated application or provide updated information. As a condition of my Application, I authorize investigation of all statements contained in this application. I understand that Fast Leaf will be making a final decision based solely on non-discriminatory considerations and that misrepresentation or omission of facts called for is just cause for the rejection of my application. I accept the above terms (if you do not accept all terms, your application will not be processed).

SIGNITURE OF APPLICANT

DATE

COMPLETE THIS APPLICATION AND EMAIL TO ADMIN@FASTLEAF.CA